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**Intergenerational Influences in Body Image Among Mexican American Obese
Adolescent Females and Their Maternal Caregivers: ¿Llenita no más?**

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by

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Dissertation

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Dedication

What a journey graduate school has been. I am incredibly thankful to the adolescents, mothers, and grandmothers who participated in this study. Thank you for taking the time to share your time, life stories, and homes with me. Muchísimas gracias a las adolescentes, madres, y abuelas quienes participaron en esta investigación. Se les agradece por prestarse a compartir su tiempo, historias de sus vidas, y sus hogares conmigo. To my committee- thank you for your help and encouragement through this dissertation process. To Dr. Emmer- I feel so blessed to have had the opportunity to receive your feedback and guidance throughout the data collection, analysis, and write-up process. To Dr. Tharinger- I am fortunate to have had you as an advisor and mentor throughout my journey in graduate school. Your belief in my abilities helped me get through periods of doubt, for which I am grateful. I admire you, and I thank you for helping to shape the clinician and researcher I have become. To my mom, who instilled the importance of hard work and perseverance through example. Mama love, gracias por creer en mi, quererme tal y como soy, y por sacrificar tanto para ayudarme a lograr esta meta. Le agradezco a Dios porque me dio la oportunidad de ser su hija. To Brettjet and Kiara- graduate school would have been a bowl of bland oatmeal without you. Thank you for adding sweetness to the experience with your kindness and wisdom. Finally, to Kimberly Marie Hill- we did it! I look back on the many months of anxiety, emotional and physical exhaustion, “Aha” moments, which culminated in utter happiness. Friend, I would not have wanted anybody else alongside me during the craziness that is dissertation. Thanks for being my fellow dragoness turtle. Slowly, but surely, we made it through dissertation darkness into the postdoc light- thank you.

**Intergenerational Influences in Body Image Among Mexican American Obese Adolescent
Females and Their Maternal Caregivers: ¿Llenita no más?**

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Grounded Theory and thematic analysis were utilized to examine interview responses from Mexican and Mexican American adolescent females with obesity, their mothers, and when possible, their grandmothers, regarding the messages the adolescents have received about their physical appearance and body size. The adolescents were receiving services at a weight management program at the time of their involvement in the study. Semi-structured individual interviews were conducted with nine Spanish/English-speaking adolescents and their maternal caregivers (comprised of nine mothers and three grandmothers), transcribed verbatim, and translated from Spanish to English, where applicable. Data of nine mother-adolescent dyads analyzed using Grounded Theory was a model illustrating the process by which these adolescents receive messages about their physical appearance and body size, the manner in which adolescents navigate these messages, and their mother's role in the process. Results suggest that the adolescents receive dialectical messages of "being overweight is undesirable" and "accept yourself" and that they originate from various sources (e.g., their mother, other family members, peers and friends, and medical professionals). In addition, the messages are reflective of the contexts of media, culture, and their status as an adolescent receiving treatment for obesity. Further, the data revealed that the mothers utilize a behavior of constant vigilance around their daughters and also use themselves as models to provide these messages to their daughters, both in direct and indirect ways. And finally the data

indicated that the dialectical messages the adolescents receive elicit emotional, cognitive, and behavioral reactions, as well as influence their body image self-schema. Thematic analysis of the three mother-adolescent-grandmother triads included the themes of “messages provided/received” regarding physical appearance and body size, and “maternal caregiver relationship dynamics” within the mother-grandmother dyad data. Implications for future research and clinical practice are discussed.

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CHAPTER 1

INTRODUCTION

Childhood obesity is at epidemic proportions in the United States. Approximately 17%, or over 12 million, children and adolescents between the ages 2-19 are obese, defined as having a body mass index (BMI) at or above the 95th percentile for age and gender (Center for Disease Control (CDC), 2011). As the prevalence of childhood obesity continues to increase, so do associated health consequences (Rosno, Steele, Johnson, & Alyward, 2008) such as type 2 diabetes, sleep apnea, secondary hypertension, polycystic ovary syndrome, and amenorrhea, with the latter two pertaining uniquely to females. Additionally, youth with obesity have a greater likelihood of being obese as adults and having continued medical concerns, including heart disease and some cancers, compared to their non-obese peers (Jelalian & Hart, 2009).

As noted above, BMI is utilized in the assessment of childhood obesity in both research and clinical settings (Pietrobelli & Fields, 2006). Cited reasons for utilization of BMI in evaluating childhood obesity include its convenience in measurement, consistency, and minimal invasiveness as compared to skinfold thickness and waist circumference (Pietrobelli & Fields, 2006). Though BMI references originally came from non-Latino White populations, which potentially limits their applicability to ethnic minority populations (He, 2006), BMI currently is the most widely used measurement of childhood obesity, given its practicality and applicability to various medical settings, compared to other methods (Pietrobelli & Fields, 2006). In youth, BMI is assessed using percentile cutoffs, which allows comparisons across youth of the same age and gender from a given sample (CDC, 2011). This is different than adults, where BMI is assessed using arbitrary cutoffs instead of percentiles. For adults, BMI between 25-29.9 is considered “overweight” and BMI greater than 30 is considered obese (NHLBI, 2012).

Though childhood obesity affects all ethnic and socioeconomic backgrounds in the United States, rates of obesity have increased at a higher rate for youth of color, particularly African American and Latino youth (Chatterjee, Blakely, & Barton, 2005; Seo & Sa, 2010). The prevalence of obesity also has been positively related to low socioeconomic status and education, with the incidence being highest among Latino children (Chatterjee et al., 2005; Strauss & Pollack, 2001). Among Mexican American youth, the tendency of being overweight has increased at a faster rate over time than that in Mexican American children (Flegal, Ogden, & Carroll, 2004).

As mentioned, consequences of childhood obesity include but are not limited to medical conditions. Research indicates that both males and females who are obese face a variety of challenges that have psychosocial consequences. These include being teased at school, being socially isolated, and being seen as undesirable by peers. These challenges appear to be predominantly observed in adolescent females with obesity (Neumark-Sztainer, Story, & Faibisch, 1998). These social relationship stressors can result in lower self-esteem and depressive symptomatology (Boutelle, Hannan, Fulkerson, Crow, & Stice, 2010), again particularly for girls.

Body image has been noted in the literature as a salient multifaceted concept in the self-esteem of youth. Literature suggests that how well an individual's appearance fits with cultural standards of physical attractiveness influences the individual's self-concept and self-evaluation (Cash, 2011). While there is literature to suggest that Latinas are protected from body image concerns, other studies demonstrate that Latinas experience the same, if not greater risk than their Caucasian counterparts (Schooler & Lowry, 2011). However, a meta-analysis of body dissatisfaction among women of different ethnic backgrounds noted no differences in body

dissatisfaction among Latinas and White women, suggesting that the dissatisfaction among these ethnic groups may not be as large as “promoted” in the literature (Grabe & Hyde, 2006). It is important to note, however, that many studies in this area have been conducted using a comparative research framework, in which Latinas are compared to White female counterparts or compared to other ethnic minorities. Researchers note the potential limits and dangers in equating these group differences as cultural differences, specifically when no measure of cultural values have been obtained (Cokley & Awad, 2008).

There is growing concern that body dissatisfaction may be more closely tied to mental health problems among Latinas, compared to other ethnic groups (Altabe & O’Garro, 2002; Schooler & Lowry, 2011). Furthermore, research suggests that concerns with body image appear to lead to the use of unhealthy weight control practices (Fitzgibbon, Spring, Avellone, Blackman, Pingitore, & Stolley, 1998). Latinas, particularly Latina adolescents, must negotiate between multiple cultural influences from several sources on health and physical appearance, many of which may result in contradictory messages (Franko et al., 2012; Schooler, 2008; Schooler & Lowry, 2011). For example, they may be told that they are at a good size physically by family members, but they interpret that as feedback to lose weight, given generational differences in accepted body size (Franko et al., 2012). Additionally, adolescents with obesity have an added source of feedback about their physical size, that of their healthcare providers. Research suggests that even healthcare providers with an expertise in obesity hold implicit negative weight bias (Teachman & Brownell, 2001), which may influence the way in which they interact with their obese patients. Not much is known about the experiences of Latina female adolescents who are clinically obese, and the way in which they perceive, navigate, and manage messages from family, peers, and medical personnel about their physical size, health, and appearance.

The purpose of this study is to explore and examine the experiences of Latina youth who are clinically obese and seeking treatment for their obesity, including the manners in which they navigate messages from multiple sources regarding their physical size and appearance. A grounded theory approach (Corbin & Strauss, 2008; of note, the study originally proposed using consensual qualitative research (CQR), and discussion of the reasons for this change is included in Chapter 3) is used in this study to ask adolescents who are seeking services at a weight management clinic questions about the messages they have received about their physical size, body and appearance from multiple sources (e.g., family, peers, media, culture, medical professionals). A more comprehensive understanding of the messages these adolescents receive is captured through conducting separate semi-structured interviews with adolescent females and their mothers. Further, thematic analysis is utilized to explore common messages adolescents receive from their mothers and grandmothers. It is anticipated that a theory will arise from the data that will inform how Latina adolescent females who are clinically obese and their maternal caregivers view their bodies and physical size, including its cultural frame and influences, which may include influence from medical personnel. Findings may also serve to guide future mental health intervention with these adolescents, including the way in which body image is discussed within their families and related attitudes, thoughts, and sources of influence.

CHAPTER 2

LITERATURE REVIEW

This chapter reviews the literature that has shaped and influenced the development of the proposed study. First, an overview of the childhood obesity epidemic in the United States is provided, along with the manner in which obesity is measured in the childhood population. Next, medical and psychosocial consequences of childhood obesity are discussed, including low self-esteem and poor body image. An overview of the body image literature, including a brief historical overview and presentation of influential frameworks and perspectives, are then discussed. Following, body image in adolescence is discussed, including body image of adolescents with obesity, as well as influential factors in the development of body image. Following, a discussion of body image in Latinos, specifically Latinas, is presented. This discussion includes the use of a comparative research framework in the body image literature and cultural factors associated with body image among Latinas, specifically Mexican American adolescents. Lastly, ethical considerations when conducting qualitative research and the reflexive statement of this researcher are provided.

Childhood Obesity

Childhood obesity is one of the most common and worrisome public health issues facing the United States today (Cooperberg & Faith, 2004). Childhood obesity was once viewed as a condition that children would outgrow as they entered adulthood, but it has been found that 80% of adolescents with obesity become adults with obesity (Cooperberg & Faith, 2004; Jelalian & Hart, 2009). Additionally, not only is obesity affecting more children, but the severity of obesity has also been increasing (Rosno et al., 2008), and this trend appears to be worsening (Cooperberg & Faith, 2004; Jelalian & Hart, 2009).

Medical consequences. Childhood obesity also is associated with serious medical complications, including glucose intolerance and insulin resistance, which are precursors to type II diabetes (Cooperberg & Faith, 2004), as well as cardiovascular disease. Other concerning medical conditions pertain specifically to female youth who have reached menarche, including polycystic ovary syndrome (PCOS), which is related to menstrual irregularities, infertility, and cysts in the ovaries (Sinha et al., 2002). In addition, many adolescent females who are obese are diagnosed with amenorrhea, a cessation of their menstrual cycle for a period of time (Rancourt & Prinstein, 2010).

Childhood obesity terms and measurement. While the terms “overweight” and “obese” are sometimes used interchangeably to denote excess weight, they are separated in the medical context (Schwartz & Brownell, 2004). The term "overweight" refers to excess weight, with body mass index between the 85th and below the 95 percentile for height, weight, age, and gender. "Obesity" refers to an excess amount of body fat in relation to lean body mass, with body mass index considered to be at or above the 95th percentile (CDC, 2011; He, 2006). Body Mass Index, or BMI, has been utilized as a measure of childhood obesity since the 1990s. The United States has developed gender and BMI measurements for youth by age standards (He, 2006). In youth, BMI is assessed using percentile cutoffs, which allows comparisons across youth of the same age and gender from a given sample (CDC, 2011). In the research domain, researchers have documented the preference for objective measures of height and weight (Halpern, King, Oslak, & Udry, 2005; Goodman, Hinden, & Khandelwal, 2000). For example, Cawley (2001) noted that adolescents who were above-average weight tended to under-report their weight. Additionally, Goodman and colleagues (2000) found that the adolescent female participants were more likely than the male participants to underreport their weight. These findings illustrate the importance of

collective objective measures of height and weight, particularly among female youth who are obese.

Ethnic and gender differences. Ethnic and gender differences related to obesity rates have been indicated in the literature (Liu, Probst, Harun, Bennett, & Torres, 2009). Researchers have noted that the rates of obesity among Mexican origin youth, especially those in Texas, are higher than the obesity rates of the general U.S. youth population and youth population in Mexico (Hernandez et al., 2012). Furthermore, the National Health and Nutrition Examination survey (NHANES) indicates that Mexican American and African American girls are more likely to have high BMI for their age than their Caucasian counterparts (Ogden, Carroll, & Flegal, 2008). Results from a study by Ogden and colleagues (2012) suggest that 19% of Latino adolescent females are classified as “obese.” Additionally, research indicates that the percentage of youth who are overweight has increased at a quicker rate in Mexican American youth during adolescence (age 12-19 years) than among their younger counterparts (Flegan, Ogden, & Carroll, 2004). This is concerning not only because Latinos, an ethnic group representing over 20 different nationalities, are the largest and fastest-growing ethnic minority group in the United States (Koplan et al., 2007), but 63% of the Latino population in the United States is of Mexican origin (U.S. Census Bureau, 2011).

Psychosocial consequences of obesity. Consequences of childhood obesity are not limited to physiological concerns and health conditions. Many children and adolescents with obesity face discrimination and prejudice from their peers, resulting in psychological stigma, and this can begin in childhood (Gortmaker, Must, Perrin, Sobol, & Dietz, 1993). This discrimination may stem from society's negative attitude towards individuals with obesity, as being lazy and careless are negative characteristics attributed to their obesity (Gortmaker et al., 1993). It may be

a common perception that people with obesity bring obesity on themselves due to their lack of discipline and willpower. As such, individuals and society may view obesity as a personality flaw and a personal choice, not something out of their control, which can lead to discrimination (Jelalian & Hart, 2009; Pierce & Wardle, 1997). In one study with overweight children, weight teasing by peers during a physical activity or sport was related to poorer attitudes towards these activities, which possibly reduced participation in certain physical activities as a result (Faith, Leone, Ayers, Heo, & Pietrobelli, 2002).

Research has demonstrated that children tend to ascribe negative attributes unrelated to appearance or weight to their overweight peers (Cooperberg & Faith, 2004; Perrin, Boone-Heinonen, Field, Coyne-Beasley, & Gordon-Larsen, 2010), and these negative attributions persist in adolescence (Sobal, Nicolopoulos, & Lee, 1995). Such attributes include laziness, clumsiness, and greediness (Pierce & Wardle, 1997). The literature suggests that the negative attributes are placed particularly on adolescents with obesity who are female (Perrin et al., 2010), as a factor in popularity in adolescence for girls is physical appearance (Chase & Dummer, 1992). Studies also suggest that overweight adolescent females may be seen as less attractive partners for romantic relationships (Neumark-Sztainer & Haines, 2004).

In addition to being the recipient of negative attitudes by peers, adolescent females with obesity also appear to be treated differently by family members. In a qualitative study by Neumark-Sztainer and colleagues (1998) in which 50 African American and Caucasian adolescent females with obesity participated, the adolescents expressed being teased and stigmatized by both peers and family members. For example, one adolescent female stated that her father told her she was lazy and needed to walk around, which the adolescent found hurtful.

Psychosocial consequences for female youth with obesity female youth appear to be

extensive, long lasting, and have economic implications. For example, Gortmaker and colleagues (1993) found that women who had been obese as adolescents earned less money, were less educated, had lower rates of college graduation, and were less likely to be married during early adulthood than women who were not obese as teenagers. Because adolescence is a time in which an individual begins to set occupational goals and to explore romantic relationships, it is important to develop an understanding of the reason behind these long-term consequences, including feedback from family, peers, media, and medical personnel.

Research also has found that girls who are obese are at risk for engaging in risky behaviors to gain social acceptance, including substance use and unprotected sex (Farhat, Iannotti, Simons-Morton, 2010). Given the functional and medical consequences unique to female adolescents with obesity, along with the painful psychosocial challenges, it is important to explore more fully the influences behind these psychosocial challenges, including low self-esteem and poor body image. The aforementioned psychosocial difficulties are explored below.

Low self- esteem. Developing self-esteem is an important process in the psychological development of the individual (Pierce & Wardle, 1997), and researchers have suggested that self-esteem is influenced by feedback an individual receives from others, as well as the meaning the person places on this feedback (Rosenberg, 1979). For youth with obesity youth, research indicates that they face much negative feedback by others, and are socially excluded, which can lead to feelings of shame and unworthiness (Gortmaker et al., 1993; Pierce & Wardle, 1997).

Empirical support remains inconclusive with regards to the association between childhood obesity and low self-esteem among children, although the evidence of this association appears to be strong for adolescents (Erickson, Hahn-Smith, & Smith, 2009; French, Story, & Perry, 1995). Additionally, research has demonstrated that overweight girls report having lower

self esteem than overweight boys (Israel & Ivanova, 2002; Mendelson & White, 1985), and that the general self-esteem of overweight children becomes lower as they transition from childhood to early adolescence (Mendelson & White, 1985). Finally, research suggests that girls with low self-esteem are at higher risk for developing disordered eating, including binge eating (Button, Sonuga-Barke, Davies, & Thompson, 1996; Martyn-Nemeth, Penckofer, Gulanick, Velsor-Friedrich, & Bryant, 2009).

Research also has found that interventions that focus on health risks can have paradoxical effects. For example, interventions related to obesity may increase the participants' awareness of their size, which can lead to adverse effects on various psychosocial variables, including body image and self-esteem (Cornette, 2008; Huang, Norman, Zabinski, Calfas, & Patrick, 2007). Additionally, researchers have raised concerns that participation in obesity interventions can contribute to unhealthy eating habits (Huang et al., 2007; Jelalian & Hart, 2009). To address these concerns, an Expert Committee on the evaluation treatment of childhood obesity in 2007 recommended that treatment of these youth should implement a nonjudgmental and supportive approach in order to reduce the risk of harming these youth in a psychological or emotional manner (Barlow, 2007). Thus, it is important to explore whether medical personnel involved in treatment and intervention of childhood obesity inadvertently negatively influence the body image of adolescents with obesity, given their involvement in medical intervention for their weight.

Body Image

As noted earlier, body image and obesity are related. Body image represents an important aspect of the way in which individuals view themselves. Body image is conceptualized as a multidimensional construct that includes a variety of components, including the capacity an

individual has in perceiving their body and size accurately, the thoughts and feelings associated with one's body, an individual's engagement in particular actions (e.g., exercise), and avoidance of specific situations or environments (e.g., not going into a locker room to change clothes, not going to a beach) (Brytek-Matera, 2011; Dorian & Garfinkel, 2002). The following is an overview of the construct of body image, including its evolving journey to its current conceptualization and most common frameworks currently used to view body image.

Historical overview. During the early 1900s, neurologists began studying different experiences expressed by their patients with brain injuries. One such experience was “phantom limb” with amputee patients, where patients were expressing feeling sensations in the missing limb, as though the limb was still there. During this time, not much consideration was placed on psychological variables being having a relation to body image, as illustrated by the work of Henry Head. Head, a British neurologist, described the term “body schema” as a hypothetical and unconscious neural mechanism by which an individual makes sense of the shape of their body in relation to space (Cash & Smolak, 2011; Fisher & Cleveland, 1968; Thompson, Heinberg, Altabe, & Tantleff-Dunn, 1999). While Head highlighted the importance of “body schema” in reference to one's body in relation to space, his work seemed to suggest that an individual uses their “body schema” as a frame of reference from which to assess a wide range of experiences (Fisher & Cleveland, 1958, p.5). It was not until the work of Paul Schilder that emotions and cognitions were incorporated to the conceptualization of body image, and a multifaceted perspective of body image was conceived (Cash & Smolak, 2011; Thompson et al., 1999). Influenced by his work in the 1930s, Schilder defined body image as “The picture of our body which we form in our mind, that is to say the way in which our body appears to ourselves” (Schilder, 1935, cited in Fisher & Cleveland, 1958, p. 22). Within this definition, Schilder

encompassed both the anatomical and psychological aspects (e.g., feelings, opinions, wishes) of the perspective an individual has towards their body (Fisher & Cleveland, 1958; Thompson et al., 1999).

The work of researchers Seymour Fisher and Sidney Earl Cleveland further extended the construct of body image with their psychodynamic perspective on the concept. In their work, the investigators examined Fisher's concept of body image boundaries, which posits that there is a strength and permeability of body boundaries (Fisher & Cleveland, 1958; Cash & Smolak, 2011). Utilizing both typical and psychiatric samples, Fisher and Cleveland investigated body image boundaries with the use of the Rorschach Inkblot Test, Holtzman Inkblot Test, Thematic Apperception Test, Draw-A-Person test, among other measures (Fisher & Cleveland, 1958). Through the works of Shontz, Freud, among others, a psychoanalytic lens to the concept of body image was conceived (Cash & Smolak, 2011; Grogan, 1999).

Cognitive behavioral framework of body image. Cash (2002; 2011) denotes the 1990s as a central time when the concept of body image was further developed, including conceptually, psychometrically, and psychotherapeutically. One of the noted body image frameworks that developed during that time was the cognitive-behavioral framework (Cash, 2002; 2011). Included in this perspective are historical factors, or factors that relate to the way in which an individual is socialized to the significance of physical appearance and the experiences the individual had during their youth. As noted by Cash (2002; 2011), these experiences are co-occurring along with an individual's cognitive, social, emotional, and physical development during their childhood and adolescence.

The messages an individual internalizes about their physical appearance are transmitted through messages their culture endorses to be of value. These are viewed as "standards" by

which individuals are considered attractive or unattractive depending on the degree to which they fit the perpetuated standards and gender-based expectations with regards to physical attractiveness (Cash, 2002, 2011; Thompson et al., 1999). These factors predispose an individual to acquire certain thoughts and feelings about their body image, which lead to the development of self-schemas (Cash, 2002; Markus, 1977) about their appearance, or the beliefs and ideas individuals have about their looks. These body image self-schemas, termed by Cash (2002), serve to guide and organize information specific to the individual's body and appearance. When this schema is utilized to evaluate the self, the individual engages in behaviors to aid them in managing their schema, including shielding themselves from detrimental effects of body dissatisfaction (Cash, 2011; Thompson et al., 1999). These self-evaluations are triggered by certain contexts or situations (e.g., changing in a locker room, feedback from others, changes in one's body). An inner dialogue commences, in which automatic thoughts about one's body are processed and evaluated, which can result in inaccurate, detrimental thoughts for those facing difficulty with their body image self-schema (Cash, 2002; 2011; Thompson et al., 1999).

Interpersonal theories and familial influences in body image. Interpersonal experiences influence the way individuals perceive their body and evaluate it (Jones, 2011; Tantleff-Dunn & Gokee, 2002). For children and adolescents, it is important to recognize that development occurs in context. As a result, exploring the interpersonal context, particularly with parents and peers, and their influence in the development of body image is essential (Jones, 2011; Tantleff-Dunn & Gokee, 2002; Thompson et al., 1999). As noted in a qualitative study by Neumark-Sztainer and colleagues (1998), the peer interactions at school and parent-child interactions are important in how adolescents with obesity view themselves, particularly females with obesity females. With regards to the influence of peers in body image, those values and

expectations about physical appearance learned in the family are carried into peer relationships, creating a set of values and expectations that are modeled and reinforced in interpersonal interactions among peers (Jones, 2011; Tantleff-Dunn & Gokee, 2002; Thompson et al., 1999). Conversations about physical appearance, dieting, and ways to build muscles (among boys) have been noted to be some avenues through which body image concerns are communicated among peers (Jones, 2011; Thompson et al., 1999).

As in the cognitive behavioral perspective, the cultural context is also an influential source in body evaluation. Included in the cultural context are gender-specific appearance-related expectations (Jones, 2011, Tantleff-Dunn & Gokee, 2002), and studies have noted the importance of further exploration of this source of influence (Shroff & Thompson, 2006; Thompson, Corwin, Rogan, & Sargent, 1999). Parents communicate their beliefs and expectations about physical appearance through both implicit and explicit means, serving as both models and critics for their children from an early age (Jones, 2011; Kearney-Cooke, 2002; Thompson et al., 2009). With regards to modeling, studies have demonstrated that body dissatisfaction, or an individual's evaluation of their physical size based on internalized values and goals, is associated with their understanding of their mother's body dissatisfaction (Evans & le Grange, 1995; Kearney-Cooke, 2002; Thompson et al., 1999). While it seems as though a parent's positive messages to their children about their developing bodies may serve as a protective factor, much of the literature in this area has predominately examined the negative messages parents impart on their children about their physical appearance (Jones, 2011; Kearney-Cooke, 2002; Thompson et al., 1999). These negative messages take on a variety of forms, including parental emphasis on physical appearance, pressure on their children to be thin,

and teasing their children about their physical appearance (Kearney-Cooke, 2002; Neumark-Sztainer et al., 1998, 2004).

Parents are, without a doubt, a major socializing mechanism by which their children are exposed to the society's expectations and values involving physical appearance. This includes managing their children's exposure to toys and media that reflects their society's views and expectations of beauty and appearance for both males and females. While siblings are another source of feedback for children with regards to their physical appearance, research, albeit limited, indicates that siblings' behavior seems to be reflective of general family dynamics as opposed to adding a unique aspect to the development of body image (Jones, 2011)

Sociocultural framework. Physical appearance and body image are two salient constructs in western societies, with the importance of physical appearance noted in print and television advertisements, television shows, magazine articles, and increasing rates of cosmetic surgery (Levine & Chapman, 2011; Smolak & Levine, 2001; Tiggemann, 2011). In examining these constructs, the sociocultural framework has emerged as one of the more common theoretical frameworks by which to examine body image, as the framework highlights the influence that sociocultural values and pressures have on body image development and evaluation (Austin & Smith, 2008; Tiggemann, 2011). In its most basic form, the sociocultural model posits that the degree to which an individual is satisfied with their body is influenced by the extent to which their body aligns with societal standards and expectations of physical appearance. The framework notes that the individual internalizes these existent societal ideals of beauty (of a particular culture), which are communicated to them through various sociocultural pathways (Smolak & Levine, 2001; Tiggemann, 2011). It is important to note that there are other

contributing influences not captured in the model that might moderate the connections within the framework, including genetic, biological, and psychological characteristics.

As in the interpersonal perspective, the media plays a significant role in the transmission of cultural body image ideals (Smolak & Levine, 2001; Tiggemann, 2011). Two other important channels by which body image ideals are communicated within the sociocultural perspective are peers and parents (Smolak & Levine, 2001; Tiggemann, 2011). Other noted sources of communication about physical appearance include teachers and medical professionals (Tiggemann, 2011). Using structural equation modeling, Thompson et al. (1999) and Shroff and Thompson (2006) attempted to test the whole sociocultural model. Using a sample of predominantly (85%) Caucasian female college students, Thompson et al. (1999) found that physical appearance comparisons mediated the relationship among teasing, body image, and disturbed eating. Shroff and Thompson (2006) tested the Tripartite Model of body image and disturbed eating to determine direct and indirect effects of three noted sociocultural influences (parents, peers, and media) on body image dissatisfaction. Among the sample of 391 preadolescent and adolescent girls, the peer and media influence variables were significant, while there were no significant associations between the parent influence variable and body dissatisfaction. Of note, as with the study by Thompson et al. (1999), the majority of the sample used was Caucasian (70%), with 11% of the sample representing individuals of Latino descent, though ethnic-subgroup specifications were not provided. As noted by Shroff and Thompson (2006), though not by Thompson et al. (1999), the generalizability of their findings are limited, in part, by the narrow representation of individuals of color in their study sample.

Body Image and Adolescence

Gender. Gender seems to influence the relationship between body image and

psychological well-being in adolescence. Researchers have noted that girls are more likely than boys to be dissatisfied with their weight and are trying to lose weight (Gray, Simon, Janicke, & Dumont-Driscoll, 2011). As noted earlier, females are socialized to believe that being thin is ideal in Western society (Smolak & Levine, 2001; Tiggemann, 2011; Yuan, 2010). Additionally, both adolescent males and females engage in making comments about a girl's physical appearance, and tease or exclude those who do not fit societal norms of physical attractiveness (Neumark-Sztainer & Haines, 2004; Neumark-Sztainer et al., 1998; Smolak & Levine, 2001). Furthermore, girls are brought up to view their physical appearance and their bodies as central to their self-worth and sense of self (Yuan, 2010). With regards to body dissatisfaction, the literature has demonstrated that girls and women are more dissatisfied with their body image and weight than their male counterparts (Grabe & Hyde, 2006; Mond et al., 2011). Additionally, there is evidence to suggest that adolescent females' body dissatisfaction increases during their early adolescence, with boys appearing to become more satisfied with their physical appearance (Bearman et al., 2006). Though, when examining adolescents' perceptions of being overweight, researchers have found that self-esteem decreases for both girls and boys; however, the effect has been noted to be stronger for females (Ge et al., 2001).

Psychosocial factors. While low self-esteem and depressive symptomatology have been associated with body dissatisfaction, it has not been clear whether these factors cultivate body dissatisfaction or if they are simply related (Wertheim & Paxton, 2011). For example, in a five-year study by Paxton and colleagues (2006) examining prospective predictors of body dissatisfaction in pre-adolescent and adolescent males and females, the researchers found that low self-esteem predicted body image dissatisfaction in adolescent females. Additionally, while depression at baseline was associated with body dissatisfaction five-years post-baseline, it was

not a unique predictor of body dissatisfaction in adolescent females. While the researchers provided mean BMIs for the early and middle adolescent group divided by gender, they did not provide BMI percentiles of their sample, which makes it challenging to determine whether their sample was of normal weight, underweight, or obese, as BMI percentile is dependent on age and gender. Though the researchers noted that being of African American descent was a protective factor in their sample, it is critical to highlight that less than 12% of their sample was African American. Given the limited percentage of African American youth represented in the study, the results presented by these researchers present are problematic. In addition, less than 5% of the sample was Latino (Paxton, Eisenberg, & Neumark-Sztainer, 2006).

In the Neumark-Sztainer et al. (1998) study, the researchers found that both African American and Caucasian overweight adolescent girls described challenges they have faced being overweight, including not being able to fit into certain clothes that their peers are able to fit into. Despite these challenges, the participants described their personalities and other components of themselves unrelated to their bodies (e.g., talents, involvement in activities) in a positive manner. Thus, these girls indicated that their bodies, while a significant component of who they are, did not make up their whole self, highlighting the utility in asking adolescent females with obesity not only about how they feel about their bodies, but other aspects of themselves as well. While both ethnic groups expressed discontent with their body shape and size, the African American participants were more likely than their Caucasian counterparts to discuss positive aspects about their bodies, such as their curviness (Neumark-Sztainer et al., 1998). This study highlights the challenges faced by youth with obesity, and some differences noted between the African American and Caucasian adolescent females.

Pubertal changes. Evidence strongly suggests that adolescent girls think that being

thinner will lead to positive outcomes, such as increased happiness and better looks (Wertheim & Paxton, 2011). As a girl enters puberty and begins to mature physically, she is adjusting to a series of changes in her body that are reflective of hormonal change (Jean, 2009; Wertheim & Paxton, 2011). This commencement of puberty results in changes in body shape and size, including increases in fat deposits in different parts of a girl's developing body, including her hips and breasts. Additional changes include increased body hair, acne, and the start of menstruation. These internal and external physical changes can lead to a range of feelings among the adolescent going through them, including happiness, pride, sadness and shame (Jean, 2009; Markey, 2010). As adolescent females mature, their internalized view of their physical selves shifts to these ever-present changes (Jean, 2009; Wertheim & Paxton, 2011)).

Using the National Longitudinal Study of Adolescent Health (Add Health), Ge and colleagues (2001) found that adolescent females, particularly Caucasian and Latino adolescent females who developed earlier than others in their peer group (as measured in this study by participants' self-reported age when they had experienced their first menstruation, with adolescents who had their first menstruation prior to age 12 years classified as an early developer) reported lower self-esteem and elevated depressed mood than those who developed at an expected age (first menstruation reported as being between ages 12 to 13) or developed late (first menstruation reported as being over age 13). Additionally, perceived overweight was related with lower reported self-esteem among Caucasian adolescent males and females, along with Latino girls, but not African American males and females and Latino males (Ge et al., 2001). The researchers did not include the percentage of Latino adolescents comprising the sample, and noted that data analyses were weighed to account for, among other potential effects, oversampling of particular ethnic groups in the data (Ge et al., 2001). Of note, BMI was reported

as a number, and not as a percentile. Thus, it is difficult to ascertain the weight classification in this sample, given that the researchers examined mean BMI within ethnic groups, resulting in an inability to calculate percentiles, as gender and age are key factors in determining percentiles among youth.

As noted by recent epidemiological studies, increased BMI is strongly associated with an earlier start to puberty (De Assis & Hilakivi-Clarke, 2006; Michels & Xue, 2006). Given the potential negative psychosocial consequences, some early developing girls may withdraw and keep their difficulties to themselves while others seek the social support of their peers and parents (Jean, 2009; Wertheim & Paxton, 2011).

Body image in adolescents with obesity. Researchers have noted a paradox that exists in sociocultural context in the United States in which mixed messages are provided in the areas of weight and food: on the one hand, thinness is valued, but on the other, overeating is also reinforced (Markey, 2011; Neumark-Sztainer, 2002; Paquette & Raine, 2004). For adolescent youth, it can be challenging to navigate these messages, particularly youth who are obese and seeking treatment for their obesity.

While it may be perceived that the psychosocial consequences of obesity, including social judgments, life dissatisfaction, social prejudice and discrimination, and body image concerns can be helpful if that they propel individuals to make changes in their lives in the direction of weight loss, they could also have the opposite effect (Markey, 2011; Schwartz & Brownell, 2004). Instead of increasing motivation, researchers have noted that these consequences can lead to increased psychological distress, resulting in increased eating and weight (Neumark-Sztainer, 2011; Schwartz & Brownell, 2004). For example, in a study by

Neumark-Sztainer and colleagues (2007) assessing the relation between body image concerns and weight management behaviors (e.g., dieting, restricting food intake) and outcomes in a longitudinal sample of adolescents, the authors found that there was a negative association between body image concerns and weight management behaviors such that as body image concerns increased and weight management behaviors decreased. These findings suggest that these concerns may result in adolescents putting themselves at risk for increased weight and detrimental health outcomes (Neumark-Sztainer et al., 2007). Using the same longitudinal data as Neumark-Sztainer and colleagues, researchers found that overweight adolescent females who reported having high body satisfaction gained less weight than their counterparts who reported having low body satisfaction (van den Berg, Paxton, Keery, Wall, Guo, & Neumark-Sztainer, 2007).

Due to the high societal pressures for thinness, which stems from media influences, among others, overweight and obese youth are more at risk for body dissatisfaction (Levine & Chapman, 2011; Smolak & Levine, 2001; Tiggemann, 2011). Body dissatisfaction has been described as an individual's discontent with his/her body size and/or shape (Mond et al., 2011). The literature suggests that this is associated with a myriad of psychological distress and increased risk of overweight with age (Ayala et al., 2007; Neumark-Sztainer et al., 2010). Research suggests that among overweight youth, psychological distress may be due to dissatisfaction they feel about their body shape and size than their actual weight (Markey, 2010; Mond et al., 2011; Neumark-Sztainer, 2011).

In reference to parental influences on body image, researchers have noted that not only do explicit messages exist, but implicit messages are also an important factor to consider (Neumark-Sztainer, 2011; Thompson et al., 2001). Less is known about how adolescents make

sense of and interpret these explicit and implicit messages (Jones, 2011). Additionally, while the literature has documented an association between poor body image and obesity, less work has been conducted to better represent the heterogeneity within obese populations.

Maternal influences and body image. In families, a daughter's physical appearance may influence the types of messages she receives from her parents about her body shape and size. At the same time, how a daughter feels about her body size and types of behaviors she engages in, is also likely to be influenced by her mother's perceptions of her own body (McKinley, 1999). In a quantitative study examining the body experience of a sample of 278 predominantly Caucasian (92% of sample) undergraduate females and their mothers, the researcher found that a negative association exists between a mother's body shame and her daughter's body esteem. These findings appear to support the notion that the experience a mother has with her body may shape her daughter's experience with her own body. For example, if a daughter sees that her mother feels good about her body, the mother may be teaching her daughter that her body as an adult woman is acceptable, which may result in the daughter feeling better about her own developing body (McKinley, 1999).

With regards to mothers' influence on their child's body image, while some research has suggested that mothers in particular play an important role in the weight concerns endorsed by their adolescent children (Tienboon et al., 1994), others have demonstrated no relation (Thompson et al., 1999). Regarding these inconsistent findings, researchers have cited methodological issues as possible explanations for these contradictory results (Thompson et al., 1999). Of note, a large portion of literature in this area has been conducted with adolescents at risk or with diagnosed eating disorders (e.g., anorexia nervosa and bulimia, more recently eating disorder NOS; Attie & Brooks-Gumm, 1989; Evans & Le Grange, 1995; Shroff & Thompson,

2006), limiting their generalizability to youth with obesity and their mothers. More recently, the literature has examined this association among adolescents with obesity and their mothers (Neumark-Sztainer, 2011; van den Berg et al., 2010).

In a longitudinal study by Attie and Brooks-Gumm (1989) using a predominantly Caucasian sample, the authors demonstrated that a mother's body image predicted problem eating in their late adolescent daughters. Of note, BMI was not taken into account in this study. In a study by Evans and Le Grange (1995) with a sample of mothers with a history of eating disorder (anorexia nervosa and bulimia nervosa, noted as "clinical group" by the researchers) and their children and a group of mothers without such history (labeled "control group" by the researchers) and their children, results indicate that in both groups of mothers and their children demonstrated similar levels of satisfaction with their own body sizes. Additionally, the researchers found a strong relationship between the child's level of body satisfaction and their mothers' satisfaction with their own bodies, with the relationship being stronger in the group of mothers with an eating disorder history. Of note, ethnicity of these participants was not mentioned, mean age of the child participants was 9 in the clinical group and 7.8 years in the control group, and BMI was not provided. Given this, it is difficult to determine whether these findings can be generalized to adolescents with obesity and their maternal caregivers.

Maternal influences have been noted in the literature to influence not only body dissatisfaction, but also potentially dangerous attempts to lose weight among both male and female adolescents, though the relationship appears to be stronger for female adolescents (Fitzgibbon, et al., 1998; Neumark et al., 2010; van den Berg, 2010). Researchers have speculated that this may be due in part to the gender-role match between mothers and daughters (Warin et al., 2008; Wertheim & Paxton, 2011). Additionally, theorists have suggested that

females' identification with their mothers as children plays an influential role in their identity formation (Erikson, 1950, cited in Hahn-Smith & Smith, 2000). As such, it appears that a mother's thoughts and feelings about her own body shape may influence not only her daughter's developing body image but also her risky behaviors and female identity (Hahn-Smith & Smith, 2000; Neumark et al., 2010).

Research by Lowes and Tiggemann (2003) with Australian children (n=135) demonstrated that girls' perception of their mother's level of body dissatisfaction was positively related to their own level of body dissatisfaction. A study by Schreiber et al. (1996) reported that pre-adolescent girls who thought their mothers reported low satisfaction with their daughter's current body shape were more likely to engage in dieting and other weight reducing strategies. Smolak and Levine (2001) note that body dissatisfaction can be modeled by mothers in very subtle ways, including not participating in particular activities such as swimming or having her picture taken due to concerns over how her body looks.

In a study by Childress and colleagues (1993, cited in Hahn-Smith & Smith, 2000), when asked to evaluate their daughter's bodies using the Child Figure Drawings, a measure evaluating body dissatisfaction, those mothers that endorsed low body satisfaction appeared to rate their daughters more critically than mothers that had high body satisfaction. As noted by Hahn-Smith and Smith (2000), these results appear to suggest that mothers with high body dissatisfaction may communicate their feelings about their dissatisfaction with their daughter's bodies to them in some way, which may result in decreased body satisfaction in their young daughters.

To further examine this relationship, Hahn-Smith and Smith (2000) investigated the association between mothers' and daughters' eating behaviors and body image concerns, specifically the daughter's identification with their mothers and the daughter's thoughts and

feelings about their body shape. The sample included 92 mother-daughter dyads, with the daughters ranging from grades 3-6 and of normal weight. While the authors specified that more than half of the sample was “Hispanic”, no information was provided regarding specific cultural groups represented under the Hispanic ethnic group. Additionally, there was no indication regarding whether any of the adolescents or mothers were Spanish-speaking. The study found that level of maternal identification endorsed by the daughters was positively associated with their own self-esteem. Additionally, level of maternal identification was negatively associated with the daughter’s eating habits. In other words, daughters who endorsed high maternal identification did not follow their mothers’ level of body dissatisfaction, whereas daughters with low maternal identification had similar levels of body dissatisfaction.

Based on these findings, it appears that the daughters who would like to be like their mothers had higher self-concept and higher satisfaction with their bodies and that those who did not have similar aspirations demonstrated lower self-esteem and low satisfaction with their bodies (Hahn-Smith & Smith, 2000). The researchers speculated that a possible explanation for these results is that a high level of maternal identification endorsed by the daughters is reflective of a positive mother-daughter relationship. While the mothers in the study reflected similar rates of weight-controlling activities they were engaging in (e.g., dieting) and over three quarters of the mothers were overweight themselves, their BMIs were not related to their daughter’s scores on any of the measures used (Hahn-Smith & Smith, 2000). The authors acknowledged the limitation of not including young girls who fall outside of the “normal weight” range category, and noted the necessity to better understanding the process by which mothers whose daughters would like to emulate them can have a positive influence on their daughter’s body image, despite the mother endorsing low body satisfaction (Hahn-Smith & Smith, 2000). With regards to

puberty, researchers have noted the salience of the mother-daughter relationship and a mother's perceptions of her daughter influencing her body image. Research has suggested that when families are assimilating to a new culture, the influence of the mother-daughter relationship on body image may change (Saracho & Spodek, 2008, cited in Jean et al., 2009).

With regards to a mother's experience with obesity, an ethnographic study by Warin et al. (2008) examined the everyday experiences of Australian mothers with obesity and how they defined themselves. The authors reported that interestingly, even though all of the women were classified as obese due to their BMI, not one self-identified as such. One 23-year-old participant described when she was told she met criteria for obesity when at a doctor's visit. She stated that she would not have classified herself as obese until she had that experience. She also noted that she would have classified herself as overweight, but not obese. The authors noted that these feelings were shared by the other participants, highlighting that these mothers did not appear to identify with the conceptualization of the obese body utilized by society and the medical field (Warin et al., 2008). In response to initiatives in her daughter's school to address the obesity epidemic, a 37-year-old mother stated that she felt as though it was important to teach her children, particularly her daughter, that health is related to eating well and being at ease with oneself and not being thin (Warin et al., 2008). The authors noted the potential for putting blame on mothers for their children's obesity, given the traditional gender role of women buying groceries and being responsible for cooking for their family (Warin et al., 2008). As highlighted by the participants' responses, negotiating different streams of feedback on one's body and those of one's children is a challenging task. It would be interesting to examine the experiences of adolescents with obesity to get a better understanding of how they make sense of the feedback they receive in the United States, and the streams from which this feedback comes from.

Peers' influences on body image. As noted by the sociocultural framework of body image, a variety of factors exist that play a role in shaping an adolescent female's view of their bodies and physical size, including media, parents, peers, schools, and medical professionals (Levine & Chapman, 2011; Smolak & Levine, 2001; Tiggemann, 2011). As noted in the research, the peer group takes an increasingly important role in adolescence, and consequently, becomes a strong influence. Research demonstrates that for females, if a girl's friends hold weight and eating as important aspects, then the girl is more likely to have concerns over her weight and physical appearance (Jones, 2011). Additionally, the role of weight-related teasing has been documented to be a negative influence in body image in adolescent girls. Another negative influence is sexual harassment experienced by adolescent females, as girls may internalize that their own body is an object that is meant to be noticed and evaluated by others, which may lead to increased shame about their physical appearance and efforts to actually gain weight to hide their bodies (Jean, 2009). Recent research demonstrates that among both male and female youth, the feedback they receive from peers about their physical appearance is associated with attempts to change their physical appearance (Clark & Tiggemann, 2006). Among female youth, researchers have examined how this group engages in discussions of their physical appearance with one another. Researchers have found that, among this group, "fat talk" is a common way in which they engage in discussion about their physical shape. This conversation style involves individuals consistently make negative evaluations about their physical size and shape in front of their peers. Of note, this is a style of discourse that was first observed and studied among Caucasian adolescent females (Jones, 2011).

Researchers have noted that among youth with obesity, negative comments about their appearance are communicated directly through teasing about their weight. Additionally, as

previously mentioned, Neumark-Sztainer and colleagues (1998) demonstrated that while friends and male peers are noted as the ones who most often engage in teasing, family members also engage in this behavior. Both African American and Caucasian participants noted hurtful comments others made by others, particularly peers, about them. The girls described being talked about behind their backs, being teased, joked, and called derogatory names due to their weight. Additionally, one participant recalled how her group of friends did not like to be seen with her (Neumark-Sztainer et al., 1998).

Vander Wal (2004) examined body image concerns among Latina and African American late elementary school girls from two urban public schools in the Midwest United States. The researcher noted that the participants' height and weight were taken at their school and BMI was calculated based on this information, along with their BMI percentile. Based on their BMI percentile, 51% of the sample was of normal weight, with 30.9% and 18% of girls classified as overweight and obese, respectively (Vander Wal, 2004). Results indicated that overweight and obese participants reported significantly lower body satisfaction and perceived greater amounts of peer influence on their weight (belief that other peers would like them more if they were thinner) than their normal-weight peers. Interestingly, there were no statistically significant differences among the three weight groups on receiving negative evaluations from peers about their weight (i.e., teasing). These findings suggest that one's reference peer group may play a role in whether one perceives negative evaluations from one's peer group based on physical size and appearance. Of note, the researcher did not discuss ethnic differences among the sample.

Research has also examined the influence romantic partnerships play in the body satisfaction of female youth. Examining this influence across adolescence, studies have found that females in early adolescence who are involved sexually with boys engage in dieting and

report increased body dissatisfaction compared to their high school counterparts. Among high school girls, research suggests that their perception of the importance of thinness to boys and importance of being seen as popular among peers is related to negative evaluation of their bodies (Halpern et al., 2005). Among youth with obesity, Neumark-Sztainer and Haines (2004) noted that girls with obesity, but not boys with obesity, are more likely to report having not dated than their thinner peers.

Using focus groups, Franko et al. (2012) explored body image concerns among Latina college students within a sociocultural framework. The sample consisted of 27 Latina undergraduates, with origins from South America, Central America, and the Caribbean represented in this sample. Most were second-generation Latinas. The mean age was 19.2 years, with ages ranging from 18-21 years. Mean BMI based on self-reported height and weight was 24.2, with a range from 22.3-25.7, indicating these participants were within the normal to overweight ranges for BMI in adults. Using thematic analysis, the authors noted four themes in the data, including the influence of family, society, and peers on body ideals and cultural differences around body ideals. Of note, while the researchers implemented consensus, they noted that if a consensus could not be reached, the first author (Franko) decided which code best represented the interview quote, suggesting a limit to the consensus process implemented in this study. With regards to peer influences on body ideals, many participants in this study described being raised in predominantly Caucasian neighborhoods and going to school with other Caucasian peers, and noting differences between their body shape with those of their Caucasian counterparts. These participants' responses suggested that wanting to fit in with their peers might outweigh the messages they received at home (Franko et al., 2012), which highlights the potential influence of neighborhood and school on body ideals on physical size and shape.

Medical providers. While research recommends that health care providers take an empathic approach in their work with youth with obesity due to the possibility that they have been mistreated by others due to their weight and may have poor body image (Neumark-Sztainer, 2011), these providers may inadvertently be contributing to the youth's body dissatisfaction (Tiggemann, 2011). Buxton (2008) noted the importance of healthcare professionals being aware of their own biases and perceptions about overweight, particularly overweight women, given Western culture's promotion of thin as beautiful and overweight as unappealing. The author explained that healthcare providers are not invulnerable to the negative messages expressed about obese individuals. This can be challenging, given the role of healthcare providers with individuals who are obese, as oftentimes a goal is weight loss (Teachman & Brownell, 2001). This may be especially difficult with adolescent females with obesity, given the other sources of feedback regarding their appearance (Tiggemann, 2011).

In a study by Klein et al. (1982; as cited in Teachman et al., 2001), the researchers found that family physicians equated obese patients with being noncompliant, having poor hygiene, and even being dishonest. Najman, Klein, and Munro (1982) examined negative stereotypes held by medical practitioners about patients with physicians from Michigan (N=438) and Victoria, Australia (N=3274) using an anonymous questionnaire. The researchers found that obesity was the 5th most negative stereotype held by the Michigan physicians group, with over 30% endorsing this stereotype. In the Victorian group, Obesity was tied for 6th place, along with hypochondriac patients, with over 22% endorsing the negative stereotypes (Najman et al., 1982). The authors noted that these endorsed stereotypes were reflective of the social values held in society (Najman et al., 1982). It is important to note that the two aforementioned studies were conducted over two decades ago, and while there has been more awareness of weight stigma,

there has also been a continued focus in Western society for a thin ideal. Additionally, neither physician nor patient ethnicity was provided by either study. Given this, it would be interesting to explore the experience of obese individuals with healthcare providers and the medical intervention they have received related to their obesity. Specifically, it would be interesting to explore the experience of youth with obesity with healthcare providers and their perception of what they hear from their physicians and related personnel in discussions of their obesity, as this is another source from which they are receiving feedback about their physical size and appearance.

Teachman and Brownell (2001) compared negative explicit and implicit beliefs and attitudes held by healthcare providers (e.g., physicians, nurses, nutritionists) involved in treating obese patients (n=84) to those of a general population sample (n=96) from a study by Teachman, Gapinski, and Brownell (2001). Teachman and Brownell (2001) found that the healthcare providers demonstrated strong evidence of implicit anti-fat bias, as measured by their responses to a paper and pencil administration of an implicit association test (IAT) of weight attitudes. While the effect was strong, it was lower than that demonstrated by the general population sample. Additionally, the researchers examined differences in explicit bias among the healthcare providers, with explicit bias measured by the difference between participant ratings of their feelings about obese and thin individuals on two seven point scales with one scale denoting a good/positive rating and one representing a bad/negative rating.

Teachman and Brownell (2001) found that while healthcare providers did not rate obese individuals as bad/negative, they did rate thin individuals as more motivated than obese people are. Of note, the study did not ask healthcare providers to specify the age group of obese individuals they treat or the severity of their obesity. Additionally, the authors noted that a

limitation of the study was the use of a sample from a different study, as the data collection procedures and samples were different. While it is encouraging that the healthcare providers did not endorse explicit negative bias for obese individuals, their implicit bias is a potential area of concern, as these healthcare professionals specialize in treating obese patients (Teachman & Brownell, 2001). Even though these healthcare professionals may not consciously communicate negative attitudes or beliefs about obese persons, their implicit bias may unconsciously shape the way in which they interact with their patients (Teachman & Brownell, 2001). It would be interesting to examine perceptions of adolescent females with obesity being treated for their weight on messages they receive from healthcare providers associated with their care about their bodies and experiences with medical professionals during their life, given the difficulties many of these adolescents face with regard to their body image.

Media's influence on body image. As noted in the sociocultural framework of body image, the media plays an influential role in the way in which individuals view their physical appearance (Smolak & Levine, 2001; Tiggemann, 2011). While the media promotes a Western beauty ideal and places a great deal of attention on celebrities gaining and losing weight, the message that seems to be perpetuated is that being fat is negative and being thin is positive (Haines & Neumark-Sztainer, 2006). Among Latinas living in the United States, English-language media may be a way in which many are socialized to Western ideals of beauty. Spanish-language media, on the other hand, may present Latinas with an alternative to Western beauty ideals (Goodman, 2002). However, some research has documented that Spanish-language media may actually be promoting and reinforcing Western beauty aesthetics seen in English-language media (Franko et al., 2012; Rubin et al., 2003). As noted by Schooler (2008), the media may serve as a way in which Latinas may navigate between the two cultures in which they exist.

Greenberg and Worrell (2005) noted the way in which television portrayed thin and overweight women. They found that there was a consistent focus on being thin and that overweight women were presented in a more negative light than their thin counterparts. Additionally, the researchers noted that overweight women were underrepresented in television programs, though when they are on television, they are likely to: (1) belong to an ethnic minority group, (2) be older, (3) married, and (4) unemployed (Greenberg & Worrell, 2005).

Focusing on women of color's experience with body image, Rubin, Fitts, and Becker (2003) investigated body satisfaction and aesthetics in a sample of 8 African American and 10 Latina college-educated women with a use of focus groups divided by self-identified ethnicity. With regards to the Latina sample, half were born outside of the United States (in Mexico or Central America). These participants were recruited from courses in Chicano/a Studies, African American Studies, Women's Studies, and a campus group for intergroup relations at Arizona State University. Participant age ranged from 18-60 years, with the mean age being 25 years. One area touched upon by participants was the way in which women of color are portrayed in the media. Among the Latina sample, these participants expressed concern with the limited representation of Latinos in mainstream media (Rubin et al., 2003). With regards to mainstream media representation of Latina women, the participants noted that those displayed by the media look similar to their Caucasian counterparts. For example, a Mexican-born participant commented on how she noticed Selena, a popular Tejano singer in the early 1990s, was not stereotypically thin, and has observed Jennifer Lopez (J-Lo) change her aesthetics as she has gained more exposure, stating that Lopez has changed her physical appearance to fit what is valued aesthetically in mainstream media (Rubin et al., 2003). Furthermore, one U.S.-born Mexican American participant commented on how on the "Mexican stations" the women

portrayed are all pretty, and that the Mexican people she has come across do not look like those represented on these stations (Rubin et al., 2003).

Similar to Rubin and colleagues (2003), participants in the Franko et al. (2012) study noted the lack of representation of Latinas in mainstream media, and the tendency of those Latinas who once served as role models of a “curvy” body, conforming to a thinner, leaner frame, one that conforms to mainstream media.

Viladrich and colleagues’ (2008) mixed methods study noted contradictory results with a sample of Latina women (predominantly of Dominican descent), with over half of the sample meeting criteria for overweight or obesity. While normal and overweight women indicated that they wanted to be thinner and noted that a thinner frame was more attractive than an obese frame based on their responses to a figure drawing measure, they discussed preference for a larger body size and that more differences in the body types of Latinas highlighted in mainstream media are increasing in focus groups with other Latina women. The researchers commented that these findings suggest the difficulties faced by Latina women around managing what is perpetuated in mainstream media with Latino cultural ideals that being healthy is related to having a more curvy body shape (Viladrich et al., 2008). The researchers did note that not all participants shared the view that being healthy is curvy; however, as some participants noted that there is a difference between being fuller-figured and perceiving to be curvy due to being overweight or gaining weight. The researchers noted the difficulty navigating “being curvy but not fat”, as the distinction is not easily drawn (Viladrich et al., 2008).

Using focus groups conducted in Spanish, Schooler (2008) examined the influence of media on body image among Latina adolescents living in the Northeast. The 81 male and female adolescents in the study sample were of Puerto Rican, Dominican, South American descent, with

roughly 63% of the sample born in the United States and were in the 8th, 9th, and 10th grade. Of note, BMI was not reported in this study. The researcher discussed the potential influence of African American media (media in which African Americans make up the majority of the cast) on body image development among Latina girls. The author noted that a broader range of body sizes are shown in Black-oriented television shows (Schooler, 2004, cited in Schooler, 2008). For the Latina girls, the researcher found that in Latinas, the more acculturated they were, the less satisfied they reported being with their bodies. Interestingly, the researcher noted that this relation became non-significant when the effect of watching mainstream television was controlled for, suggesting that acculturation could lead to body dissatisfaction by endorsing more exposure to mainstream media, and thus, exposure to the thin ideal promoted in mainstream television. The researcher found no relation between Black-oriented television and Latina females' body satisfaction.

Body Image in Latinos

Some studies have proposed that certain cultures, including Latino culture, may be more accepting of larger physical size, which may be influential in obesity rates in Mexican American and other Latino women (Cachelin, Monreal, & Juarez, 2006). For example, research has noted preference for a larger shape in Latino culture, and citing that this preference was instilled when they were children through being rewarded with food for behaving (Diaz et al., 2007). At the same time, researchers have found that the preference for a larger physical size, and the notion that being fat is healthy is not supported by all, and the challenges around having to educate family that this is not the case and to be more mindful of their health (Diaz et al., 2007; Franko et al., 2012).

Body image concerns were initially thought to be experienced only by Caucasian women. More recently, efforts have been made to include women of color in research studies on body image, with African American women being the more commonly used non-Caucasian group included in research studies (Grabe & Hyde, 2006; Schooler & Lowry, 2011). Research in this area has primarily utilized a comparative framework to examine cultural and ethnic differences in body image, with results of individuals of color being compared to those of their Caucasian counterparts (Cachelin et al., 2006; Schooler & Lowry, 2011). While some studies have demonstrated that Latina women report less body dissatisfaction than Caucasian women (Altabe, 1998; Crago, Shisslak, & Estes, 1996), other research has suggested that, consistent with literature on body dissatisfaction among overweight Caucasian females, Latinas report more body image concerns when they are overweight (Fitzgibbon et al., 1998). However, a metaanalysis of body dissatisfaction among women of different ethnic backgrounds noted no differences in body dissatisfaction among Latinas and White women, suggesting no greater risk (Grabe & Hyde, 2006).

In studies using a comparative framework in which Latinas are compared to Caucasian females, findings about body image concerns in Latinas have yielded mixed results as previously noted, with some studies demonstrating that Latinas do not demonstrate these concerns, and note that they are thus, protected from body image dissatisfaction (Grabe & Hyde, 2006; Rubin et al., 2003). Others have noted that not only are Latinas reporting body image concerns, but they appear to be at equal if not higher risk for body image dissatisfaction than their Caucasian counterparts (Lopez et al., 1995; Schooler & Lowry, 2011). It is important to note, however, that in comparative studies involving women of color and Caucasian women, Caucasian women seem to serve as the “normative group” to which women of color are compared, with some

studies grouping all women of color as the non-Caucasian group, which may result in differences among different cultural groups with regards to body image and body satisfaction remaining concealed or difficult to understand (Grabe & Hyde, 2006). It is possible that this has contributed to inconsistent findings as well among certain cultural groups, including Latina women (Cachelin et al., 2006). Additionally, as noted by Grabe and Hyde (2006), it is also important to keep in mind similar rates of body dissatisfaction among ethnic groups noted in the literature when compared to Caucasians (e.g., Latinas and Caucasian women) do not suggest that these groups share similar body image concerns. Cachelin et al. (2006) noted that it may be more helpful to examine aspects of body image and tolerance for overweight and obesity within one ethnic group to gain a better inform treatment of obesity instead of comparing between-ethnic group difference. As noted by Cokley and Awad (2008), it is important when reviewing results from studies using a comparative framework to keep in mind “the dangers and limitations of interpreting group differences when relevant cultural variables have not been controlled or measured” (Cokley & Awad, 2008, p.376).

In Rubin et al.’s study (2003), the researchers noted that both Latina and African American participants endorsed an acceptance and tolerance for diverse body shapes, not designating one as “ideal” or preferred among their ethnic group. Interestingly, the researchers found that these women supported a set of body ethics, or, values and beliefs about the way one presents and cares for one’s body that is distinct from those endorsed by Caucasian women (Rubin et al., 2003). Among both participant groups, religion and spirituality were noted as a basis for the participants accepting their physical appearance, with one Latina participant explaining that she was happy with what God gave her, and not wanting to be any other way. The Latinas in this study endorsed that they were wanting to take care of their bodies not to

control their body shape, but rather to be healthy in order to prevent developing diseases they see their family members and friends having to manage, such as diabetes and high blood pressure (Rubin et al., 2003).

While the participants brought to light important aspects of body image influences, the researchers did not provide the BMI of study participants, and the potential role of being obese on satisfaction with one's body shape and size. It will be interesting to examine whether the aspects endorsed by this sample are applicable and endorsed by English and Spanish-speaking Mexican and Mexican American females who are obese and seeking treatment for weight management, and their maternal caregivers, given the focus groups in the aforementioned study were conducted in English. Additionally, participants were recruited from departments in which body image and examination of its cultural context have possibly been explored. Thus, these participants may have given more thought and were more informed on the way they perceive their body.

In the literature, researchers have also grouped ethnic minority groups as one group and explored differences by score groupings on constructs related to body image concerns. For example, a study by Snapp (2009) examined thin-ideal internalization among a group of African American and Latina low-income adolescent females aged 14-18 years. The researcher noted that there were no statistically significant score differences among the two ethnic groups regarding thin-ideal internalization, and thus, grouped the participants based on high vs. low scores on thin-ideal internalization. Results demonstrated that adolescent females who endorsed high thin-ideal internalization expressed greater weight dissatisfaction than those in the low thin-ideal group. The researcher noted that weight dissatisfaction expressed in the high thin-ideal internalization group was surprising, given research suggesting that African American women

are more satisfied with their weight. The researcher noted that a possible explanation for this was that the presence of Latinas in the high thin-ideal internalization group may have influenced the results, as Latinas are a group that research suggests has greater body dissatisfaction when compared to their African American counterparts (Snapp, 2009). This is puzzling, as awareness of this finding may have been a reason to analyze the African American adolescent female and Latina adolescent sample separately. These findings highlight the potential utility of exploring body image and body image concerns among one ethnic group to get a potentially more representative perspective of their experience independent of other ethnic groups.

Using the Hispanic Health and Nutrition Examination Survey (HHANES), Davis and Gergen (1994) noted that among a sample of 914 Mexican American youth aged 12-19, when asked, “Do you now consider yourself to be overweight, underweight, or about right?”, Mexican American adolescent girls were twice as likely to respond that they were overweight than their male counterparts. The researchers found that among the adolescent females, the percentage who described themselves as overweight increased as age increased, which is a trend not found with the adolescent males (Davis & Gergen, 1994). Furthermore, the percentage of adolescents who described themselves as overweight rose as BMI percentile increased, with this increase beginning in the 60th-69th percentile for adolescent males and the 30th-39th percentile for their female counterparts (Davis & Gergen, 1994), indicating that the adolescent females were self-describing as overweight at lower BMI percentiles than their male counterparts.

Research has suggested that acculturation, and Latino cultural values, including familismo (familism) may influence body image development among Latino youth (Ogden & Elder, 1998; Pepper & Ruiz, 2007). The aforementioned areas will be discussed below.

Acculturation and its influence on body image. The concept of acculturation has been

defined as the result of cultural learning (Berry, 1980, cited in Cachelin et al., 2006) and as a process of attitudinal and behavioral change an individual goes through who lives in multicultural societies or who come in contact with a new culture (Cachelin et al., 2006), and a process in which the individual may have been influenced to acquire the societal norms, language, cultural values, and language of the dominant or host culture in which they currently exist (Berry, 1998, cited in Smokowski, Rose, & Bacallao, 2008; Berry, 2003, cited in Ayala et al., 2007).

Researchers have noted two essential sub-processes involved in acculturation. The first is the degree to which the individual who is acculturating maintains involvement with their culture (culture-of-origin). High level of culture-of-origin involvement is related to enculturation. The second subprocess is the degree to which the individual is involved with the dominant or host culture (Smokowski et al., 2008). High level of dominant-culture involvement is related to assimilation. Individuals who are moderately to highly involved in both their culture-of-origin and dominant-culture are considered to be bicultural, as they are involved in both cultures (Berry, 1998, cited in Smokowski et al., 2008).

Researchers have noted that many Latina women live within a cultural duality with regards to physical appearance: one in which a larger body shape is accepted by traditional Latino culture, and the other, the U.S. culture, in which thinness is preferred (Franko et al., 2012; Schooler, 2008; Schooler & Lowry, 2011).

Research has demonstrated mixed results with regards to the relationship between acculturation and body image in Latinos. While some research has noted a relationship between acculturation and body image in Latina women (Lopez et al., 1995) and Latina adolescents (Cachelin et al., 2006), others have not found a relationship between the two concepts (Nieri, Kulis, Keith, & Hurdle, 2005; Pepper & Ruiz, 2007). Below is an overview of research findings

with Latina women.

Using a sample of Caucasian and Latina women, Lopez and colleagues (1995) noted that responses from Latinas who immigrated to the United States when they were 17 years of age or older indicated a preference for a larger body size than Caucasian women, U.S.-born Latinas, and Latina women who immigrated to the U.S. when they were 16 years of age or younger. These findings suggest that in this sample, among Latina women, the earlier they were exposed to U.S. culture in the U.S., the more their ideal body preference is similar to Caucasian women.

In a study by Cachelin et al. (2006), the researchers examined the relationship between acculturation and body image among 276 Mexican American women aged 18-52 years, with BMI ranging from 19.5 (lower end of normal weight range in women) to 49.9 (obese), with a mean BMI of 27.0 (overweight). The investigators found an association between the degree of acculturation, as measured by the Acculturation Rating Scale for Mexican Americans-II (ARMSA-II; Cuellar et al., 1995, as cited in Cachelin et al., 2006) and preferred body size and body dissatisfaction. Specifically, higher orientation towards Mexican culture was related to more acceptance of being overweight and rating a larger body size as “overweight” than those with higher orientation towards Anglo (Caucasian) culture. Greater Anglo orientation was associated with less tolerance for overweight. The researchers highlighted the necessity to examine generational changes in body image and views around acceptable physical size (Cachelin et al., 2006).

Ayala et al. (2007) examined the prevalence of body dissatisfaction and disordered eating among Mexican youth in the Southwest United States. They also measured acculturation using the ARMSA-II (Cuellar et al., 1995). Youth were recruited from Mexican families participating in a community-based intended to enhance nutrition and healthy lifestyle knowledge among

Spanish-speaking Latinos. The youth, who were between 9-18 years of age and had no chronic medical condition (n=167), with a mean age of 12.8 years, participated in the study. The researchers found that children (those who were 12 years of age and younger) reported greater orientation to Anglo culture and adolescents (those who were thirteen years of age and over) reported greater orientation to Mexican culture. Among the sample, body image dissatisfaction was greatest among adolescent females, youth who were at risk for overweight, and those who held strong agreement with sociocultural attitudes towards appearance (e.g., compared their appearance to models when reading magazines and considering attractiveness to be essential when getting ahead in society). Additionally, among the whole sample, greater orientation to Mexican culture was a predictor of body image dissatisfaction, though greater orientation towards Anglo culture was a predictor of engaging in behaviors related to disordered eating (Ayala et al., 2007). The researchers suggested that these findings may suggest that even though youth who consider themselves to be more a part of Mexican culture may be dissatisfied with their bodies in the context of Anglo society, their maintenance to Mexican culture attitudes and beliefs may protect them from disordered eating (Ayala et al., 2007).

A mixed-methods study by Sussner, Lindsay, Greaney, and Peterson (2008) examined immigrant Latina mothers' beliefs, attitudes and behaviors related to weight and feeding practices of their young children. Almost all of the mothers were born outside of the U.S. (94%), with almost half of the mothers coming from Central American and one third coming from the Dominican Republic. Results indicated that even though the mothers' responses indicated they more closely identified with Latino culture, the mean score was close to the "bicultural" range on the Marin Acculturation Scale used to measure acculturation in this study. These mothers also participated in focus groups, and one of the findings was that the mothers noted how their beliefs

about food was changing, and that even though the influence from family members (particularly grandparents) about how much to feed their child was strong, some mothers were trying to feed their children less. These mothers did describe resistance they faced related to this, as good parenting was associated with providing a lot of food to their children. Additionally, some mother described differences between the U.S. and their country of origin to their child's size. Some mothers noted that their family in their country of origin considered their child to be thin while the child's doctor in the U.S. noted that the child's weight status was in the healthy range. Some mothers noted that it was easier to stay slim in their country of origin, and did not think much about weight until they came to the U.S.

Latino cultural values: *Familismo and respeto.* Research on Latino culture has come to find common cultural values associated with this population, including the concept of *familismo* and *respeto* (Antshel, 2002; Hernandez, Garcia, & Flynn, 2010). As the subgroup of interest in this study is Mexican American adolescents with obesity, their mothers and grandmothers, an overview of the aforementioned cultural concepts is discussed below, along with the manner in which they may influence body image among Latinos, particularly Mexican Americans. It is important to keep in mind that the concepts presented within this section are meant to be viewed more as a guide, and not as a rigid definition of Latino culture and practices. As Correa and Tulbert (1993) advise, it is important to view Latino families as individual entities, each having unique aspects, regardless of their Latino background. As Diaz and colleagues (2007) note, an exploration of these cultural constructs is important to the understanding of the multitude of factors that may play an influential role in body image satisfaction. Furthermore, exploring aspects of Latino culture is useful in understanding the potential influences of cultural values and beliefs on body image development in adolescence.

Familismo (familism) and its influence on body image. As the family unit is fundamental in traditional Latino culture, including that of Mexican-Americans, it is important to take family as a salient source of messages received and transmitted with regards to body image and self-concept. *Familismo* is defined as a connection with, loyalty and obligation to one's family (Calzada, Fernandez, & Cortes, 2010; Hernandez et al., 2010). In addition, there is a tendency to rely on family as a source of emotional support and attachment (Hernandez, et al., 2010). Research has demonstrated that this value is salient to Latinos, including Mexican-American families (Calzada et al., 2010; Hernandez-Valero et al., 2012).

As noted by Keefe (1984, cited in Calzada, 2010), *familismo* is a multidimensional construct that encompasses both attitudinal and behavioral aspects. Attitudinal *familismo* relates to feelings of solidarity, loyalty, and reciprocity demonstrated by family members to one another. Lugo and colleagues (2003) in their study documenting the development of an 18-item scale measuring *familismo* with a Latino sample, noted four facets of attitudinal *familismo*: (1) a belief that family and their needs supersedes those of the individual; (2) familial interconnectedness (belief that adults should maintain strong ties to their family); (3) the belief that there is reciprocity among family members in times of need; and (4) belief maintaining the family's honor. Behavioral *familismo* refers to actions and behaviors that echo beliefs related to attitudinal *familismo* (Calzada, 2010; Lugo, Steidel, & Contreras, 2003). Examples of behavioral *familismo* include remaining connected with family members through phone conversations or visits (Lugo et al., 2003). Results from a qualitative study by Calzada (2010) on *familismo* and *respeto* among Latina mothers in the Northeast mirrored findings by Lugo et al. (2003), as the mothers noted that even if adults are independent in other areas of their lives, they should still maintain a strong bond with their family, as togetherness is important. Additionally, the researcher noted that the

mothers indicated that their own mothers would prefer everyone in the family live together and that extended family spend most of their free time together, and play a role in child-rearing (Calzada, 2010).

With regards to the influence of family on body image among Latinas, Rubin et al. (2003) noted that many of the Latina participants mentioned that the way they take care of their bodies is quite different from the way they notice their mothers and aunts taking care of their bodies, including attempting to control their weight with the use of “fad” diets and special teas. Additionally, some participants recalled being called “gordita” (“little fat one”) when they were growing up by family members. Furthermore, a few participants endorsed receiving mixed messages from their family about their body shape, with one participant noting that when she lost weight, her mother would be concerned that she was getting too thin, but when she gained a few pounds back, was told by her mother that she was getting fatter (Rubin et al., 2003). Of note, the term “gordita” is used in some Latino families as a term of endearment, while it is sometimes used to denote that an individual is overweight. It would be interesting to examine the way in which Mexican American female adolescents with obesity interpret this term being used, as opposed to assuming this is a negative term due to the stigmatization of the word “fat” (Tiggemann, 2011).

In Franko et al.’s (2012) study, participants noted the difficulties navigating family messages related to weight and physical appearance. While some participants reported receiving messages from family that they were “too thin”, and that being a larger woman is beautiful, while others, similar to the Rubin et al. (2003) study, are told that they should lose weight, and making indirect comments about their food choices during meals (Franko et al., 2012). Participants also noted that feedback from family members serves as a gauge for their body size,

and some generational differences between themselves and their family members with regards to expectations around physical size. For example, one participant said, “if grandmother says I look good, I need to lose weight”. The author noted the difficulties around being faced with such contradictory messages, and navigating which one to hold true (Franko et al., 2012). It would be important to examine potential mixed messages faced by Latina adolescent females with obesity, particularly those of Mexican descent, and the manner in which they make sense of these messages, and the perspectives of some individuals that provide this feedback (e.g., mother and grandmother).

Respeto (respect). Another Latino cultural construct, that of *respeto*, or respect, merits discussion, as it is an aspect of Latino culture that influences how Latinos may interact with family members and medical professionals. *Respeto* dictates how one acts, as different behaviors are displayed depending on others’ age, gender, and perceived authority (Halgunseth, Ispa, & Rudy, 2006). For example, among Latinos, parents and grandparents are viewed with a great degree of *respeto*, and children are to be obedient and demonstrate respect to their elders (Calzada, 2010). Additionally, *respeto* is a way of maintaining peaceful relations with extended family (Marin & Marin, 1991, cited in Calzada, 2010). A study by Delgado-Gaitan (1994) found that among Mexican American parents, *respeto* is demonstrated by children being very considerate of their elders and should not engage in arguments or interrupt them when they are speaking with others. Calzada (2010) noted the importance of grandparents in the view Latinos have of family. As reflected by a Dominican mother’s comment in Calzada’s (2010) aforementioned qualitative study, parents are important, but grandparents are regarded as even more important.

To this author’s knowledge, no study has examined the potential role of *respeto* in body

image development among Latinas. It would be interesting to examine whether *respeto* and *familismo* may influence body image development and negotiation of familial messages about weight and physical appearance among Mexican and Mexican American adolescent females, specifically those who are obese, and note similarities and differences in approach between the generations of Mexican and Mexican American granddaughters, mothers, and grandmothers. Given the limited research in this area from this population's perspective, it would be helpful to examine this in the context of a qualitative study in order to examine whether these constructs serve as additional sociocultural influences of body image development in Mexican American female obese youth.

Ethical Considerations in Qualitative Research

When conducting qualitative research, it is important to consider potential ethical dilemmas and it is essential that the researcher(s) remain cognizant of avoiding any harm to the individuals they are interviewing (Fontana & Frey, 1994). Researchers have noted that it is useful to keep the following in mind while conducting qualitative research: “good intentions alone are not a reliable guide to ethical choice” (Haverkamp, 2005, p.146). Additionally, scholars have noted that while the skill-set of applied psychologists provides advantages in conducting qualitative research, it also presents additional responsibilities and potential risk of causing harm (Haverkamp, 2005). Furthermore, it is important to consider one's “professional reflexivity”, in which one examines parameters of one's professional role, and implications for ethical practice in the context of qualitative research (Haverkamp, 2005).

In order to address the ethical dilemma of competence, researchers have noted that it is important to abide by the following: (1) conduct qualitative research in a rigorous manner in order to give results the greatest shot of being trustworthy, (2) become informed with the

population of interest and subject topic(s) one plans on investigating, (3) apply of specialized knowledge of psychological conditions, (4) recognize signs of distress in the participant, (5) revisit participant's consent to continued participation throughout the interview process, (6) knowledge of potential consequences after an intense interview, and (7) provide appropriate follow-up support to study participants (Ponterotto, 2010). Being aware of potential exploitation of participants is essential, as interviews are conducted at the request of researcher, bringing with it a hierarchy of power and influence (Haverkamp, 2005; Ponterotto, 2010). As noted by Stacy (1998, cited in Haverkamp, 2005): "The research interview is a potentially disruption intrusion into a participant's world, a world the researcher can leave far more easily than can the participant" (Stacey, 1998, cited in Haverkamp, 2005, p. 153).

One of the potential challenges in conducting qualitative research is offering protection of confidentiality. Some noted suggestions of protecting confidentiality include altering elements of the description of the participant or developing an overall picture. During this process, researchers must remain mindful that elements altered do not shift meaning of what is being described. Additionally, it is imperative to protect third parties mentioned in an interview by removing their name from the interview transcript or other potentially identifiable information, as there is a potential risk of lawsuits for defamation or privacy violation if the identity of those mentioned is not protected (Haverkamp, 2005).

Given the nature of qualitative research, it is difficult to determine foreseeable risks, discomforts, or other factors that may influence a person's decision to consent. In using unstructured interviews, there is the risk that the interview may delve into topics that the participants were not prepared for/did not anticipate. For this reason, as noted earlier, qualitative researchers are encouraged to view informed consent as an ongoing process that is mutually

negotiated, and not a singular event. Further, the responsibility for checking on this is on researcher, that the process of consent is hierarchical, and recognizing that psychologists/researchers possesses knowledge that is not available to participants (Haverkamp, 2005).

Researcher reflexive statement. As reflexivity is considered an integral aspect when engaging in qualitative research (Corbin & Strauss, 2008; Haverkamp, 2005), the author has provided her reflexive statement for the reader's consideration based on the author's experience with the pre-pilot interview process. This was done in order to attempt to explore potential biases. The author's reflexive statement during the study design and pre-pilot study phase is provided below. An updated reflexive statement, which is representative of the author's reflections during the data collection and analysis process, is included in Chapter 3.

I remember hearing from my grandmother when I was seven years old on a visit to Guatemala that I was "llenita no más" ("a little chubby, that's all"). Even when my older cousins would make negative comments about my weight, or my mom would nicely tell me to cool it with the tortilla consumption, my grandmother would say "llenita no más" and told them to leave me alone. As I got older and entered adolescence, I continued gaining weight, just not at the same rate as I grew vertically (I am 5ft. 2in.). It was challenging to find clothes that fit well and fit within the family budget. My mom would remind me of what my grandmother used to say about me when I mentioned that I was not feeling comfortable with my physical size. My aunt would tell my mom that I needed to lose weight, and strongly suggested I eat less whenever we had family dinners. I kept quiet when my aunt would say this and my mom would do the same. When I started university, I began exercising and eating less, and lost some weight. The feedback I received from family and friends was quite positive, so I continued losing more weight. My

mom and aunt became concerned I was getting too thin, so I increased my food intake. I now am at a weight that is not as heavy as I was when I was an adolescent, but not as thin as I was back in college. There are the continued suggestions from my aunt to lose weight whenever I go to New York to visit, but I've grown in my capacity to address these interactions.

It is interesting how my choices have led me to work with youth with obesity and their families, given my past. I began co-leading an obesity intervention program for culturally-diverse obese school-aged children and their families halfway into my first year of graduate school, progressed to seeing youth with obesity for individual and family therapy at ACES weight management clinic, and helped co-develop a skills-based obesity intervention for adolescents with obesity and their parents. During my clinical experiences with youth with obesity, one of the main outcomes of interest was weight loss (or at least weight maintenance). Given my role, I did my best to encourage participants to eat healthfully and implement achievable exercise plans, but did not spend as much time exploring with this youth the sources of how they came to feel about and perceive their bodies/physical size. As part of the skills-based intervention with adolescents with obesity, there is a module on self-esteem/body image, but this discussion is done in the context of an obesity intervention. As I reflect on my role shift from co-facilitator of that group to interviewer, I wonder how the adolescents perceived being asked questions from the co-facilitators about their body/physical size when a few minutes prior they were getting their height and weight taken by these same individuals, and discussing what contributed to their weight gain/loss/maintenance that week. Given my different role as an interviewer during the pre-pilot interviews, I noticed how uncomfortable it was for me to use the word "fat" after an adolescent interviewee described herself as such. I thought about this, and recognize that I was under the assumption that when she said, "fat", the adjective was

automatically negative in my mind. While I recognize that much of the literature presented discusses that many youth with obesity have poor body image, I would like to gain a better understanding and remain open to how adolescents with obesity view themselves, specifically Mexican adolescent females, along with how their mothers and grandmothers view the adolescent and themselves with regards to their physical size and appearance. I am working towards not going into the interview process with an assumption that just because the adolescent is obese, they will have poor body image. I am also interested in gaining a better understanding of how messages about body image are transmitted from mother to daughter down the generational (and potentially acculturation) line.

Statement of Purpose

Given the literature documenting pediatric obesity as an epidemic, inconsistency in the literature with regards to body dissatisfaction in Latinas, influence of mothers on the body image of their daughters, and increasing rates of Mexican and Mexican Americans in the United States and their representation in the pediatric obesity epidemic, it was important to explore the manner in which adolescent Mexican obese females formulate their thoughts and attitudes about their bodies within the societal context in which they live. Additionally given the influence of elders, including grandmothers in Latino culture, it was interesting to examine their role in the way in which their granddaughters formulate their thoughts and attitudes about their weight, as grandmothers not only potentially have contact with their own daughters, but their granddaughters as well.

In engaging in qualitative research, the interviewer must strike a balance around being familiar about the culture and phenomenon that is being studied and remaining open about what the data the respondent provides. Within qualitative research, while there is intent not to come in

with preconceived notions about what the data will set forth, importance is placed on recognizing the initial questions one has that made one curious to explore the topic/phenomenon of interest. As such, below are some guiding questions that were used in exploring the data and interview questions. It is essential to recognize that while these were initial questions, the author remain flexible and not rigid with regards to these questions while collecting interview data and subsequent analysis.

Research Questions and Rationale

As previously noted, in engaging in qualitative research, broad research questions are utilized to help guide the data collection and analysis process (Corbin & Strauss, 2008). However, as data is collected, there may be a need to adjust the research questions in order to better reflect themes arising during the data collection process. The following questions served to guide the proposed study:

Research question 1. How do three generations of Mexican American women (adolescent-mother-grandmother), with the youngest member seeking treatment for their obesity, communicate about their body shape and size among one another? What messages around body image are transmitted from mothers to daughters and grandmothers to granddaughters regarding body image among Mexican American adolescent obese females seeking treatment for their obesity and their maternal caregivers? How do these adolescent females make sense of these messages?

Research question 2. How do Mexican American obese females seeking treatment for obesity formulate their thoughts and attitudes about their body shape and physical appearance given the sociocultural context in which they exist?

Rationale for research questions 1 and 2. As suggested by the sociocultural framework on body image, there are many factors that exist to influence the body image development of adolescents, including adolescent females (Levine & Chapman, 2002; Tiggemann, 2011). Additionally, there is evidence to suggest that adolescents with obesity may face additional influences to their body image formulation, including that of medical professionals. Given the rise in obesity rates among Mexican American adolescents (Flegan et al., 2004), and reported body image dissatisfaction among adolescent females (Wertheim & Paxton, 2011), particularly those who are overweight or obese (Markey, 2009; Neumark-Sztainer, 2011), it would be interesting to examine the way in which these adolescent females navigate the various sources of influence on their body image.

CHAPTER 3 METHODS

The following section documents the research methods utilized for this study, including the influence of Consensual Qualitative Research on the design of the current study, (e.g., participant recruitment, data collection) and the use of Grounded Theory and thematic analysis (used for the mother-adolescent-grandmother triad narratives only) during the data analysis process. Of note, CQR was originally proposed as the qualitative method to be used in this study. Due to challenges faced regarding the recruitment of research team members (as having a team greater than two is recommended in CQR (Hill, 2012), the qualitative method used for data analysis was changed to Grounded Theory for the mother-daughter dyads. Furthermore, due to the few number of grandmothers that were able to participate in the study, thematic analysis was used to analyze the stories of the mother-adolescent-grandmother triad data. Details of procedure regarding these changes are presented within this chapter. Additionally, limitations resulting from the change of qualitative methodologies after data was collected are addressed in this chapter. For the reader's reference, the original chapter on Methods included in the author's dissertation proposal is included in Appendix G.

CQR - Getting Started

As noted above, CQR influenced the research design of this study. Due to difficulties recruiting research team members and limitations regarding sample size, only the first step of CQR was implemented in the study. Discussion of this first step is presented below.

The process of implementing CQR can be divided into three major steps. Below is an overview of the first CQR step (Getting Started; Figure 1), and the manner in which the current study implemented these steps.

Figure 1

CQR Steps: Step 1 (adapted from Hill, 2012, p.13)

Getting Started
1. Choose a research topic and review relevant literature
2. Form research team
3. Formulate and pilot test interview questions
4. Pick target population and develop inclusion and exclusion criteria for selecting sample
5. Recruit participants
6. Conduct and transcribe interviews
7. Send transcripts to participants for corrections and additions

Research topic and literature review. The initial step in CQR is developing a focused area of study, and designing questions around that specific topic in order to set up the best chances for a more manageable data set. For the current study, the research topic of interest was the body image development among Mexican American adolescent females with obesity and intergenerational messages of body image among these adolescents, their mothers, and grandmothers.

The literature on body image, Latino culture, and pediatric obesity was reviewed and utilized in the formulation of interview questions for the adolescent, mother, and grandmother interviews. As specified by Hill et al. (1997; 2005), reviewing the literature is necessary in order to examine potential faults other researchers have committed in studying the topic of interest. Additionally, reviewing the literature informed the researcher about how this proposed study could possibly contribute to the existing literature (Hill, 2012; Hill et al., 1997, 2005).

Form the research team. Recruitment of a research team was the next goal, which presented a significant challenge. Originally, the proposed research team consisted of this author, a postdoctoral fellow in the Austin area (familiar with CQR), and a 5th year graduate student. Further, this author proposed to recruit one additional research team member from the school psychology doctoral program to aid with data analysis. Prior to the conclusion of data collection, the author contacted the original members of the research team (in October 2014) to set up an initial research team meeting. One of the original members noted that she could no longer serve as a research team member due to changes in her life circumstance. The researcher then utilized her contacts in attempts to recruit additional research team members in October and November 2014 (e.g., sending a description of the research study and responsibilities of the volunteer research team member via email to the psychologist at ACES weight management clinic, to present during her research team meeting with psychology graduate students familiar with obesity and obesity interventions; sending the above description via email to the administrative associate for the school and counseling doctoral psychology programs at the University of Texas at Austin, asking her to distribute the email to all School and Counseling psychology graduate students). Of note, the author attempted to recruit individuals with experience in clinical work and/or related coursework, given the clinical and relational nature of the data. The author followed up with these contacts, as the author had not received any responses from students regarding the research opportunity. These contacts noted that no interest was expressed, citing that some students noted limited flexibility in their schedules due to prior commitments. This challenge in recruiting additional research team members, along with a low N of grandmothers (N=3), lead to the author requesting the committee's permission for a change from CQR to Grounded Theory. The author's decision to propose grounded theory as a viable replacement for

CQR is presented later in this chapter, under the data analysis section. The author's utilization of the first step in CQR continues below.

Developing the interview protocol and pre-pilot study process. Formulation of the interview schedule occurred from July 2012-September 2012. Professors with expertise in qualitative research and clinicians with experience working with Mexican American youth with obesity reviewed the interview questions. Interview questions were open-ended in order to provide the participant with the flexibility to answer as desired. Standard probes were included in the interview protocol to help facilitate obtaining more information (please review Appendix A-C for the interview questions). The interview was semi-structured, which allowed the researcher the flexibility to adapt the protocol to the needs of the participant. The interview questions went through revisions based on feedback from pre-pilot (described below) adolescent and mother participants, to help ensure that the questions were as comprehensible as possible by a wide range of ages and educational levels.

Pre-pilot process. This researcher conducted interviews with 2 mother-daughter dyads and 2 adolescents whose mothers were unavailable for an interview. The adolescent age range for the pre-pilot study was 15-19. One mother-daughter dyad and the two adolescent interviews were conducted in English, and the other mother-daughter dyad interview was conducted in Spanish. All adolescents reported having a history of being overweight when they were younger or were currently overweight. The interviews were conducted in order to determine whether the interview questions were developmentally appropriate and understandable by potential participants. Each pre-pilot participant was treated to a coffee or sent a \$5 gift card to a coffeehouse in their area as appreciation of their time. As noted in the dissertation proposal, data from the pre-pilot study is not included in this dissertation document, and will not be used for

publication purposes, as those interviewed were family members and acquaintances of the researcher. Further, the pre-pilot study was not submitted for IRB review prior to its realization, and written consent was not obtained from study participants. The researcher simply asked participants for feedback related to the interview questions. The feedback was shared with this researcher's dissertation chair, and necessary revisions were made to the interview schedule.

As noted in Figure 1, CQR recommends the completion of a pilot study, which this author originally proposed would be executed using 2-3 mother-adolescent-grandmother triads, with the adolescent receiving treatment at ACES weight management clinic. Given the recruitment challenges (particularly with grandmothers) the study faced, a pilot study was not formally conducted. As a result, the grounded theory-based results stem from interviews with the 9 mother-daughter participant dyads. Additionally, thematic analysis results represent data from the three mother-adolescent-grandmother triads that participated in this study (of note, these include three of the nine mother-adolescent dyads recruited). Presentation of the participants, instruments utilized, and recruitment of study participants follows below. Of note, prior to the start of data collection, the author obtained approval for all consents by the Institutional Review Board of the University of Texas at Austin in May 2013 (and submitted renewal applications and received approval for these applications as needed) and Seton Family of Hospitals (as the University of Texas at Austin and Seton Family of Hospitals shared reciprocity with regards to the IRB process during the time this study took place). Of note, final approval from Seton Family of Hospitals was received in mid-December 2013; thus, recruitment of participants did not begin until after this date.

Participants

An essential step in qualitative methodology is defining the population and recruiting an

appropriate sample that has some experience with the topic of interest (Hill, 2012; Hill et al., 1997). The study, when proposed, indicated that 10 mother-adolescent-grandmother interviews would be collected. The current study is comprised of 9 Mexican and Mexican American mother-daughter dyads, with the adolescents ranging in age from 12-16 years (at the time of their interviews). Further, 3 Mexican and Mexican American maternal grandmothers participated in this study (see challenges with recruitment presented below). The present study was unable to comply with Hill and colleagues' (1997; 2005) recommendation of having between 8-15 participants to have a large enough sample size for greater generalizability, as the grandmother N is rather small (N=3). As noted above, this influenced the author's decision to seek approval to change the qualitative method proposed from CQR to grounded theory.

All adolescent participants were patients at ACES Clinic, an ambulatory, multidisciplinary weight management clinic housed at Dell Children's Medical Center of Central Texas, and/or participating in TEEN group, a caregiver-adolescent group intervention conducted at Texas Child Study Center, a local outpatient mental health clinic. This program is an auxiliary program of ACES weight management clinic. In order to become patients at the clinic and participants of TEEN group, individuals must have a Body Mass Index (BMI) at or above the 95th percentile for height, weight, gender, and age, indicating they are obese. Of note, the use of TEEN group as an additional recruitment program is discussed in the Recruitment of Participants section presented later in this chapter.

Originally, the inclusion criteria of the adolescent participants were as follows: the adolescents were of Mexican or Mexican American descent, were between the ages of 13 and 17 by the time they have their first ACES clinic appointment, and had a mother and grandmother who were available to participate in the study. It was the author's intent to recruit 10 adolescent-

mother-grandmother triads, for a total of 30 interviews. Further, the author noted that every effort would be made to conduct interviews with adolescent-mother-grandmother triads; however, a potential participant would not be excluded if a grandmother was not available to be interviewed. In those cases, the adolescent-mother dyads would be interviewed, and the researcher would continue recruiting adolescent-mother-grandmother triads until 10 triads were recruited. Adjustments to the aforementioned inclusionary criteria are discussed in the Recruitment of Participants section below.

In order to participate in the current study, the adolescent participants had been given clearance by the medical team. If the medical team did not think that it would be in the best interest of the adolescent to participate in the study, then they were not approached to be recruited for this study.

Criterion-based sampling was employed, as the topic of interest was originally exploring intergenerational messages of body image among three generations of women. The focus of the study was on the experience of Mexican American obese females, their mothers and grandmothers, given the limited research in this area concentrating on solely this cultural group. Further, having Mexican and Mexican American participants was reflective of the largest subgroup of Latinos in the Southwest and the United States at the time the study was conducted (Hernandez et al., 2010). For the purposes of the current study, Mexican American refers to those individuals of Mexican national origin living in the United States, including both immigrants and those born in the United States (Dumka, Gonzales, Bonds, & Millsap, 2009).

Recruitment of Participants

When the study was proposed, the author stated that adolescent participants would only be recruited from the ACES weight management clinic, and that they would be approached by

the social worker on the ACES multidisciplinary team during their initial ACES appointment. As noted below, adjustments were made to the proposed recruitment of participants, given challenges with recruitment. Of note, ACES patients are referred by their primary care provider (PCP) to obtain additional help with weight management. An outline of the initial ACES appointment is provided below.

During their initial appointment (intake), ACES patients are evaluated by four of the ACES team members (consisting of four professionals: a physical therapist, social worker, dietitian, and physician). At the end of the appointment, each professional makes recommendations for services. Services provided within ACES include the common components demonstrated to be important in obesity intervention programs: physical activity (via the physical therapist), behavior modification (via the social worker), and nutrition (via the dietitian). Additionally, a clinic physician monitors patient health. The clinic sees patients two days per week, and see anywhere between 2-5 patients per day. The social worker on the team checks in with the family regarding their appointment and sets a “healthy living family goal.” Additionally, the social worker follows up with the patient and guardian regarding any mental health concerns.

The procedure of recruiting solely “new” Mexican and Mexican American ACES patients (i.e., patients who were at ACES for their intake/initial appointment with the treatment team) was adjusted to include any Mexican and/or Mexican American adolescent females between the ages of 12-17, with a maternal caregiver who would be willing to participate in the study. Further, the requirement for grandmothers to participate was lifted (as noted in the Participants section of this chapter).

Adolescents were recruited from both ACES weight management clinic and its auxiliary group adolescent obesity intervention, TEEN group. The reason for the abovementioned

adjustments to recruitment of participants was the lack of “initial” Mexican and Mexican American adolescent patients that were coming through ACES weight management clinic. Of note, the inclusionary criteria of the adolescent being physician-referred and having a Body Mass Index (BMI) at or above the 95th percentile are applied to both ACES weight management clinic and TEEN group; thus, the adolescents participating in these programs are receiving treatment for being overweight. Further, adolescents may be on waitlists for both programs, and begin either program when a spot becomes available. Additionally, TEEN group is a mental health-based 16- to 18-week group intervention focused on increasing the adolescent’s self-concept and encouraging behavioral changes to live a healthier life (e.g., increasing physical activity and eating more mindfully), and ACES weight management clinic is a comprehensive, multi-disciplinary, individualized hospital-based program.

Of note, in the span of 13 months (December 2013-January 2015), ten families were eligible to participate in the study. Of these 10 families, 9 followed through with participation. For the family who did not complete the study, they originally provided permission for the ACES social worker to provide their contact information to the author. After calling the family four times via telephone, and leaving two voicemails (note: voicemail left by the author only stated the author’s name, provided her telephone number, and requested to be called back, in attempts to maintain confidentiality) in the span of three weeks, the author stopped contacting the family. The author attempted to contact the family one month later, but their telephone number had been disconnected. At this point, the author no longer contacted the family (total contact attempts made by author: 5).

Patients who were recruited from ACES weight management clinic (about 66% of the sample) were approached about the study by the social worker on the ACES team. The purpose

and desired participation was presented by the social worker; further, the families were provided flyers about the study, which included the author's contact information. Families then either contacted the author directly (via telephone) or signed a release of information, which provided the clinic with their permission to share their contact information (i.e., names and telephone numbers) with this author. For participants who signed a release of information, their contact information was sent via email to the author from the social worker, with Protected Health Information (PHI) written in the subject line in order to maintain security of participants' contact information). For participants who were recruited from TEEN group (about 34% of the participants), a similar recruitment approach was taken (i.e., purpose of study was presented to participants; study flyers were provided to them); participants either contacted the author directly (using the contact information provided on the study flyer) or agreed to sign a release of information (or provided verbal consent and subsequently signed a release of information) allowing the TEEN group psychologist and co-facilitators of TEEN group, to provide their contact information to this author. The contact information for these participants (the ones who signed/verbally provided consent) was sent to the author via email, with PHI written in the subject line). Of note, the researcher created an excel spreadsheet list of participants' names, which was password-protected, and stored on a USB drive, which was also password-protected. This spreadsheet was not stored on a TCSC computer, as originally proposed, as the time taken to recruit an acceptable number of participants exceeded this author's time in Austin (e.g., the author needing to move from Austin to the city where she completed her pre-doctoral psychology internship).

The researcher contacted potential study participants by phone as names and contact information were sent by the ACES social worker and TEEN group psychologist, to the

researcher via secure (PHI) email. During the initial phone conversation with potential participants, the researcher asked to speak with the grandmother about the research study and obtain verbal consent to participate in the study, when applicable. Of note, the ACES social worker and the TEEN group psychologist provided information about the grandmother status in the family (i.e., grandmother has passed away; grandmother in Mexico; grandmother in the U.S. and available for an interview). The author then coordinated a time to meet with the mother, adolescent, and grandmother at the mother's home or a coffee shop (e.g., Starbucks) or fast food restaurant (e.g., Taco Bell) near the mother's home, depending on the family's preference. The interviewer (author) obtained written informed consent from the ACES patient's mother for her and her daughter to participate in the study, written informed consent from the adolescent's grandmother to participate in the study, and written assent from the adolescent to participate in the study. The researcher provided a signed copy of the consent and assent forms for the participants' records. Included in the informed consent was discussion of confidentiality, and a clear indication that participation is completely voluntary and would not affect services provided through ACES or Seton Family of Hospitals (including Dell Children's). Once all members of the triad (or dyad for those participants whose grandmother was unavailable for an interview) were interviewed, the adolescent participants were given a \$10 Target gift card, and their mothers and grandmothers were given a \$5 Target gift card as appreciation for their time.

Data Collection

Data collection occurred during four "waves"- late-December 2013; late-April 2014; early-to-mid October 2014; and mid-December 2014. The author conducted one, three, two, and three interviews, respectively during these waves. Of the nine total families in the study, three had maternal grandmothers who were available to be interviewed. Thus, the data is composed of

six mother-adolescent dyads and three mother-adolescent-grandmother triads. One bilingual (Spanish/English) interviewer (the author) conducted all of the interviews. In order to continue to address interviewer bias and interviewer style, the researcher's dissertation chair reviewed interview transcripts with the researcher after interviews for the first two triads were completed. The dissertation chair provided feedback to this author on how the interviews were being conducted. Additionally, the author shared the transcripts for one mother-adolescent-grandmother triad (3 separate, individual interviews) with one of the dissertation committee members (Dr. Emmer) for his review and feedback. The interviewer also wrote notes of her impressions and methodological notes (i.e., memos) after interviews were completed with each triad and dyad, and reviewed these notes with her dissertation chair.

The researcher obtained informed consent and adolescent assent from participants prior to the start of the interview. Each interview was recorded on a digital audio recorder. During the interview, the researcher attempted to provide a nonjudgmental stance on the interviewee's responses, and utilized minimal encouragers such as "MmHm", "Right", and "Yeah" throughout the interview, when appropriate. The researcher also utilized active listening skills such as paraphrasing, to both continue rapport building between researcher and interviewee, and to clarify the interviewee's responses. The interviews were transcribed in a place that would ensure confidentiality of participants. Further, interviews were all transcribed verbatim. For all Spanish interviews, interviews were translated from Spanish to English in order to facilitate data analysis (i.e., increasing trustworthiness). After the transcription (and translation when applicable) were completed, the author went back and deleted proper names, including those of the interviewees, medical personnel, and other third parties, such as peers and family members,

to protect the confidentiality of participants and those they mentioned during the interview.

Pseudonyms were utilized as replacements for proper names.

Measures

Semi-structured body image interviews. The author developed an interview composed of 18 open-ended prompts in the adolescent interview, 17 open-ended prompts in the mother interview, and 13 open-ended prompts in the grandmother interview. Each interview followed a semi-structured format based on content areas noted in the literature as relevant to the influential factors of body image development among adolescent females, obese individuals, and Latina females. As noted earlier, the researcher completed the pre-pilot process (as outlined in CQR) in order to ensure the interview questions were understandable and appropriate. A pilot study was not conducted in the current study due to difficulties in complying with CQR guidelines (e.g., having 8-15 participants per group to be analyzed; having more than 2 individuals on a research team (Hill, 2012). Below is a table with the content areas addressed in the three interviews (Table 1). A copy of all the semi-structured body image interview questions is included in Appendices A-C.

Table 1: *Semi-Structured Body Image Interview Content Areas*

Adolescent	Mother	Grandmother
<ul style="list-style-type: none">• Cultural Influences• Media Influences• Physical Appearance and Size• Body Ideals and Influences• Communication about Appearance• Peer/School Influences• Coping	<ul style="list-style-type: none">• Cultural Influences• Media Influences• Physical Appearance and Size• Body Ideals and Influences• Adolescent Experience and Body Image• Communication about Appearance• Becoming a Mother	<ul style="list-style-type: none">• Cultural Influences• Media Influences• Body Ideals and Influences• Adolescent Experience and Body Image• Communication about Appearance• Becoming a Mother

The interview process began with a brief explanation of the study and rapport building. The interview then progressed beginning with the first few “warm up” questions about what brought the participant to seek services at ACES clinic and other background information to help the participant feel more at ease with the interview process. The interview concluded by asking the participants how the interview process was for them, and thanked participants for their time and honesty. Twenty-one interviews were completed and utilized for data analysis (breakdown by generation: 9 mother interviews; 9 adolescent interviews; 3 grandmother interviews). Interview duration ranged from approximately 37 minutes to 1 hour and 48 minutes. Average duration of the interviews are as follows: approximately 67 minutes for the adolescent interviews, 79 minutes for the mother interviews, and 56 minutes for the grandmother interviews.

Demographic information. Information pertaining to the adolescent participant and her mother and grandmother’s age and cultural background were gathered during the interview process. Additionally, all participants were asked to discuss their country of origin, and age when they came to the U.S. (where applicable), which was used as a description of their generation status in the U.S.

Body Mass Index. Body Mass Index (BMI) of the adolescent participants was calculated based on weight, height, gender, and age, with weight measured to the nearest .1 of a kilogram and height measured to the nearest millimeter. Measurements of the adolescent participants’ BMI were provided by the ACES social worker (for participants recruited from ACES clinic) and by the TEEN group psychologist. This information was sent to the author via email, with PHI written in the subject line. As presented in Chapter 4, BMI information of the adolescent participants is representative of their BMI taken during the ACES appointment/TEEN group meeting date that was most proximal prior date to their interview date. To this author’s

knowledge, these measurements were taken with a direct-reading stadiometer by an ACES clinic physician or nurse during ACES appointments and by TEEN group co-facilitators (e.g., trained psychology graduate students). Height and weight measurements were converted to BMI (kg/m^2). Additionally, BMI percentile was calculated by the author using The Centers for Disease Control and Prevention growth charts (CDC, 2000) and the National Initiative for Children's Healthcare Quality (2007) BMI 99thile Cut-Points as references. The author calculated the adolescents' BMI percentile, as this information was not included in the consent form as information that would be collected from the adolescents' medical chart. The adolescent's mother and grandmother (where applicable) were asked to provide a brief history of their weight during the interview process. The researcher then asked the mothers and grandmothers to track their weight/body shape through every decade of their life. The author also asked about whether they felt overweight during a part of their lives or felt as though they weighed more than they wanted to at a given time. This history was collected to gain an understanding of how these women perceived and currently view their bodies, as researchers have documented the utility in examining perceptions of body weight and size (Schwartz & Brownell, 2004). Additionally, given the fact that these individuals were not ACES patients (or TEEN group adolescent participants), BMIs were not available.

Data Analysis

The following section outlines the manner in which grounded theory and thematic analysis were utilized in this study. First, an overview of grounded theory and thematic analysis is presented. Following, the application of these qualitative methodologies is discussed. Further, limitations to the application of the methodologies are delineated, as the qualitative methodology changed from CQR to grounded theory and thematic analysis after data had already been

collected. Additionally, the author presents an addendum to her initial reflexive statement. Lastly, measures taken to ensure trustworthiness and credibility using the aforementioned analyses are discussed.

Overview of Grounded Theory and Thematic Analysis

Grounded Theory. Glasser and Strauss in the 1960s developed Grounded Theory in the United States as they were conducting research on individuals who were dying (Ong, 2010). This qualitative methodology is now utilized to study phenomena in various fields, including nursing, sociology, and education (Ong, 2010). In the grounded theory approach, a researcher is interested in examining a topic for which no relevant theory exists, or the theories that do exist do not provide enough information to provide sufficient guidance (Martin & Turner, 1986). Further, Grounded Theory provides a researcher with the opportunity to develop a theory that is “firmly based or grounded in the data collected- a grounded theory” (Martin & Turner, 1986, p. 142). The phenomenon of interest in the present study was the messages that are communicated to Mexican and Mexican American adolescent obese females and receiving treatment for their obesity about their physical appearance, including their body size, and the process by which they navigate these messages. Data collection in Grounded Theory is a systemic process, often conducted through the collection and or completion of interviews, observations, and memoirs, among other sources (Corbin & Strauss, 2008). Lastly, theory derived from the grounded theory approach can then serve to facilitate additional understanding of the phenomenon that revealed itself through the data analysis process, which can help guide future action, including additional research (Corbin & Strauss, 2008).

Given the dimensionality of the phenomenon of interest of the present study, grounded theory was chosen as the major qualitative method to replace CQR. While the author was

originally attracted to CQR because of its detailed approach, and procedures to help ensure analytic “rigor”, the model that revealed itself from the data utilizing the grounded theory approach illustrates the richness and depth to the phenomenon of interest, which may not have revealed itself in a similar manner if CQR had been utilized. In Grounded Theory, theory development commences with the coding of data (Corbin & Strauss, 2008). As outlined by Corbin and Strauss (2008), the researcher initially engages in open coding by identifying meaningful units of data (i.e., concepts) from the interview transcripts. Through this process, the researcher develops emerging concepts with regards to their properties and dimensions. Of note, “concepts can range from lower-level concepts to higher-level concepts” (p. 160). Higher-level concepts (known as categories or themes) are encompassed by certain lower-level concepts that relate to it; thus, data begins to be grouped together and condensed. Axial coding, which involves relating concepts to one another, occurs concurrently with open coding, as Corbin and Strauss (2008) describe that as one analyzes the data for concepts, one is simultaneously making connections between them, as these connections are arising from the data (p.198). Further, the relationships that emerge among categories are denoted in terms of consequences, categories, and conditions. Following, the researcher analyzes the data for process. As defined by Corbin and Strauss (2008), process is,

an ongoing action/interaction/emotion taken in response to situations, or problems, often with the purpose of reaching a goal or handling a problem. The actions/interactions/emotions occur over time, involve sequences of different activities and interactions and emotional responses (though not always obvious, and have a sense of purpose and continuity (p. 96-97)

Further, the researcher analyzes the data for context (described in greater detail in Chapter 5), including macro and micro contextual factors that exist within the data. The researcher then engages in selective coding, which involves identifying a main category, resulting in the phenomenon around which higher and lower-level categories are organized to represent a theory grounded in the data. Of note, as suggested by Corbin and Strauss (2008), researchers use analytic tools (e.g., asking questions of the data, making comparisons, drawing upon personal experiences, examining emotions that are expressed during the interview and the situations that may have elicited these emotions, and writing memos) throughout the data analysis process.

Corbin and Strauss (2008) note the utility in conducting data collection and analysis simultaneously, with each influencing the other. The advantage of this approach is that concepts that reveal themselves from the data may then shape the researcher's subsequent interviews or observations, a concept called "theoretical sampling" (Corbin & Strauss, 2008, p. 145). Further, theoretical sampling allows the researcher to be able to "go where analysis indicates would be the most fruitful place to collect more data that will answer the questions that arise during analysis" (p. 145). As the present study was originally designed from a CQR approach, "theoretical sampling" was not conducted, as Hill (2012) recommend that researchers not engage in data analysis until all interviews are collected. However, it is important to note that Corbin and Strauss (2008) explain that researchers can employ Grounded Theory on data that has already been collected (p. 317). The manner in which Grounded Theory was applied in this study is outlined in the upcoming Application of Grounded Theory and Thematic Analysis section of this chapter.

Thematic Analysis. Thematic analysis is a qualitative method that is utilized to identify, analyze, and report themes (or patterns) within the data. Further, thematic analysis “minimally organizes and describes your data set in (rich) detail” (Braun & Clarke, 2006, p. 79). While thematic analysis is often used, Braun and Clarke (2006) note that there seems to be no consensus among researchers about its definition or its procedure. Thematic analysis is similar to grounded theory, as both examine patterns (or themes) in the data; however, thematic analysis is not bounded within theory (Braun & Clarke, 2006). Given the flexibility afforded by thematic analysis, the author decided this would be an appropriate qualitative analysis from which to examine patterns within the narratives of the 3-triad families (i.e., the families where the researcher was able to complete interviews with the mother, adolescent, and grandmother) with regards to discussion about messages related to body size and physical appearance, in an attempt to explore the grandmother’s influence on these messages. The way in which thematic analysis was utilized in this study is noted within the Application of Grounded Theory and Thematic Analysis section below.

Application of Grounded Theory and Thematic Analysis

As noted above, grounded theory was applied to analyze the data of the 9 mother-adolescent dyads and thematic analysis to the 3 mother-adolescent-grandmother triads. First, the manner in which grounded theory was used is outlined. Secondly, the way in which thematic analysis was adopted in this study is discussed. Lastly, attempts made by the author to help ensure trustworthiness of the data are presented.

Grounded Theory. As noted earlier in this chapter, data analysis was not completed following each interview in order to comply with CQR methodology. While the author wrote

methodological notes after each interview, these were limited to writing down helpful adjustments to interview questions in order to facilitate interviewee understanding of the questions asked for the reason noted above. Further, the author wrote memos in a reflexive journal, noting her impressions of the family (e.g., mother-adolescent dyad appeared to get along; tension observed between mothers and adolescents), the interview process (e.g., noting whether the mood of the interviewee and whether rapport was easily established or more challenging to establish), and potential biases that were coming up for the author during the interview (e.g., feeling empathy towards an adolescent after observing tension-laced interactions with her mother, and expressing sadness about how she is treated at home) that could influence the manner in which the author viewed and analyzed the interview data. Once the methodology changed to Grounded Theory and thematic analysis, the author began the Grounded Theory process outlined in the Overview of Grounded Theory and Thematic Analysis section of this chapter. Of note, all data analysis was conducted with de-identified interview transcripts (with pseudonyms used in place of participants' names and other potentially identifiable information (e.g., school name; other towns in which the adolescent has lived; names of family members and friends) to maintain participant confidentiality.

Prior to the start of data collection, the author contacted a colleague (a fellow doctoral candidate working on a qualitative dissertation from the author's graduate program) to ask whether she would be willing to engage in peer de-briefing meetings to help the author ensure trustworthiness of the data (explained in greater detail towards the end of this chapter), to which she graciously agreed. Once this was established, and permission to change the current study's qualitative methodology from CQR grounded theory and thematic analysis, the author began to read one mother-daughter-grandmother triad. As this author read the interviews, she engaged in

open coding utilizing a software program used to facilitate data analysis in qualitative research (MAXQDA), with each interview imported and saved to the program. For example, the concept “mother’s perception of daughter re: weight loss” was utilized to code the following segment, “She hardly puts forth much on her part”. Properties for relevant concepts were also coded during this process (e.g., “mother’s feelings re: daughter’s efforts to lose weight” revealed itself to be a property of “mother’s perception of daughter re: weight loss). A feature of MAXQDA is the ability for a researcher to type memos within the transcript. The author used this feature, and wrote memos about concepts that were emerging within each interview. After completion of this triad, the author shared the concepts and properties within each interview (120 coded segments within the mother interview transcript; 119 within the adolescent interview transcript; 91 coded segments within the grandmother interview transcript) with her peer-debriefing colleague, and addressed potential biases in how the author labeled concepts to help ensure that the concept names were reflective of the data, and not the author’s biases (e.g., “mother’s critical view of daughter re: weight loss” was changed to “mother's perception of daughter's efforts to lose weight”, as this code more accurately depicted what the segment represented, being mindful of the mother’s perspective (i.e., her perceptions are representative of her own truth)). After reviewing these initial concepts and properties with the author’s peer-debriefing colleague, the author sent these initial coded concepts, along with examples of the coded texts to Dr. Tharinger (author’s dissertation chair) for her review. After receiving and incorporating feedback from Dr. Tharinger, these initial coded concepts were sent to Dr. Emmer, given his expertise in Grounded Theory. After receiving feedback from Dr. Emmer, the author continued the open coding and axial coding process with subsequent interviews. In order to make the task of analyzing these

interviews more manageable, open and axial coding were conducted one generational group at a time (i.e., all mothers were coded, then all adolescents, then all grandmothers).

As data analysis progressed with each generational group, the author began grouping related concepts (e.g., “discussion of body changes (mother and daughter)” and “having trust between mother and daughter” were grouped with in the category of “mother-daughter relationship”). Further, the author reviewed the emerging concepts with her peer-debriefing colleague, providing the concepts, categories, and coded interview extracts for the colleague’s review.

As noted by Corbin and Strauss (2008), novice qualitative researchers often embark on open-coding using computer programs with an almost mechanical approach of placing labels on extracts of data, then putting other extracts under that label, without engaging in much reflection in what these segment represent. The consequence of approaching open coding in this manner is that the novice researcher may have a lot of concepts, but not much reflection on what the data are communicating (p. 163). This “trap” is what the author stumbled into, and while some relationships were emerging, it felt as though there was something “missing”- something that was not being captured through coding via MAXQDA. Essentially, the author was missing the “heart and soul” of engaging in qualitative research (p. 163). This discovery came about through self-reflection and discussing these reflections with the author’s peer-debriefing colleague and dissertation advisor.

As recommended by Corbin and Strauss (2008), the author distanced herself from the data for two weeks. Following, the author reread the qualitative methods book by Corbin and Strauss (2008), taking handwritten notes of the definitions of terms within the book, along with

techniques Corbin utilized in her research demonstration project on Vietnam veterans illustrated in the book, and recommendations noted in the book on how to engage in qualitative research (of note, the researcher continuously referenced back to the book by Corbin and Strauss (2008) and her handwritten notes throughout the data analysis process).

After this task was completed, the author began to reflect on how best to analyze the data to facilitate understanding of the underlying relationships among concepts and categories, various potential processes, and contexts relevant to this dataset. In order to do this, the author thought it best to analyze each mother-adolescent dyad, as the author's memos noting her impressions of the interviewees and the initial data analysis attempt seemed to suggest that there were certain mother-daughter dynamics that related to the adolescent's obesity. Initially, the thought of analyzing data across generation groups seemed like a daunting task for this author, given her status as a novice qualitative researcher; however, once the author utilized the initial research questions to help anchor data analysis, the task became less overwhelming. The author initially read each interview (adolescent first, then mother) in order to become reacquainted with the participants' stories without engaging in open coding (to help facilitate a less "mechanical" data analysis process). The author then engaged in open coding and axial coding on MAXQDA (examples of open coding and axial coded are presented in Appendix E), as well as writing memos of concepts and categories that emerged within the interview on MAXQDA (an example is presented in Appendix F). The author employed the analytic tool of "asking questions" of the data in order to gain a more accurate understanding of the underlying meaning embedded within each participant's words (e.g., question what the participant was communicating through their words, which aided the author in exploring their message more completely). Further, once open and axial coding were completed for each dyad, the author wrote methodological memos on a

Microsoft Word document for each participant, including a summary of the concepts and categories that emerged within the interview, and how these related and/or differed from concepts and categories from other interviews within each generational group (i.e., comparing concepts and categories within an adolescent/mother interview to the other concepts and categories from other adolescent/mother interviews, respectively), a process of “constant comparison” (comparing extracts of data -which represented concepts- to other extracts of data within the same interview (representing the same or similar concepts) and within the adolescent/mother generational group). Further, the author wrote methodological memos noting potential commonalities and mother-adolescent dynamics that were coming across in the data. As data analysis progressed, the author reviewed each interview again for processes that were emerging and the context in which these processes were situated by utilizing the “conditional/consequential matrix” technique, as recommended by Corbin and Strauss (2008). This technique aids a researcher in thinking through the varied contexts in which actions/interactions/processes take place (p. 91). The author then engaged in selective coding by reviewing the coded extracts and methodological memos, “thinking through” the categories, processes, and context that were emerging within the mother-adolescent dyad dataset with the author’s peer-debriefing colleague and dissertation advisor, and writing sections about the major categories that emerged from the dataset. These steps helped to facilitate the author’s sensitivity to what the data was communicating, the central phenomenon, which is a model exploring the process by which these adolescents receive messages about their physical appearance, including body size, the manners in which the adolescent navigates these messages, and the mother’s role in this process. As the author engaged in selective coding, and once the central phenomenon revealed itself, the author realized that she had been inadvertently utilizing the mother data as a

form of triangulation, as the central phenomenon revealed itself to be primarily focused on the adolescent. Therefore, the author continued developing the model by ensuring that each adolescent participant's story (along with related sections of their mother's story) could be explained using the model, and editing as needed. The model and its overview is presented in Chapter 5.

Thematic analysis. A thematic analysis was conducted to examine relevant themes that emerged within the stories of the three mother-adolescent-grandmother triads. As noted by Braun and Clarke (2006), the process of thematic analysis begins with the researcher becoming aware of, and looking for, common patterns (themes) within each interview and across the dataset. As the author became aware of a model that existed with the data of the mother-adolescent dyads, the decision was made to utilize this model as a guide when reviewing themes and to look for patterns among the triads. Just as in Grounded Theory, the researcher constantly compares (i.e., moves back and forth) between the interviews encompassed within the dataset, and the extracts of data the researcher has coded. As recommended by Braun and Clarke (2006), the author wrote down her ideas and potential themes that were emerging, which was revised as she continued analyzing the data. The author then developed preliminary definitions of the common themes, and shared the narratives and common themes that emerged from the data with her peer-debriefing consultant and dissertation chair, incorporating their feedback and suggestions regarding the themes that emerged. Results of this thematic analysis are presented in Chapter 13.

Ensuring Trustworthiness

Similar to the examination of a study's reliability, validity, and objectivity in quantitative research to ensure its quality and trustworthiness, qualitative research has a parallel process in

place to determine its scientific quality and trustworthiness (Lincoln & Guba, 1985). The components that are examined within qualitative research, per the guidance of Lincoln and Guba (1985) are: credibility, transferability, dependability, and confirmability. The author took steps to ensure the quality and trustworthiness of the current study, which are presented below.

First, as noted earlier, the author engaged in peer-debriefing sessions with a doctoral candidate in the same graduate program as the author, and who has a familiarity with utilizing Grounded Theory. Sessions were conducted via telephone, with sessions taking place one to two times per week, every week, for a period of four months. During these meetings, the author discussed ongoing data analysis, addressed biases as needed, and processed relationships that were coming across in the data. During the sessions, this author also refined the model that revealed itself within the nine mother-adolescent dyad data. Further, the author shared and discussed the themes that were developing within the three mother-adolescent-grandmother triad data. The author also shared the data, as it was developing, with her dissertation chair, and applied suggestions from her chair regarding data analysis (e.g., exploring potential connections within the data). Lastly, the author submitted the open coding files of one mother-adolescent-grandmother triad, the model, its overview, and illustration of the model for one mother-daughter dyad to Dr. Emmer for his review, and incorporated his feedback and suggestions.

Second, as the author conducted interviews with mothers and adolescents (multiple sources of data), she was able to “triangulate” these sources in efforts to enhance the credibility of the data being analyzed. Further, as noted earlier, triangulation of the data is a technique by which categories and concepts that emerged from the adolescent data were validated by data from their mothers. Moreover, additional information, including potential influences of messages provided by mothers, could be explored, increasing the dimensionality of the model. Due to the

low N (N=3) of the grandmother data, the decision was made to utilize the grandmother data in conjunction with their respective mother-adolescent dyads (thus, representing the 3 mother-adolescent-grandmother triads), and examine common themes among the triads, from a thematic analysis approach.

Lastly, the author maintained a reflexive journal throughout the data collection and analysis process to note personal impressions of the interviews and interviewees' in-person interviews, and the transcript of these interviews, along with methodological notes. The author continuously added to and reread the reflexive journal entries, as a manner of evaluating the credibility of the data, and reflected on the various factors that may have influenced the messages Mexican and Mexican American adolescent females with obesity receive about their physical appearance, including their body size, and the manners in which they navigate these messages.

Reflexive Statement

As noted in Chapter 2, reflexivity of the researcher is essential in qualitative research, given the researcher's role and responsibility as the vehicle through which data collection and data analysis occur (Corbin & Strauss, 2008; Haverkamp, 2005). Over two years have passed since the author's initial reflexive statement was written. During this time, data collection and data analysis have occurred. As a result, the author provides an addendum to her initial reflexive statement, providing the reader with additional information on biases and reflections that came up for the author during data collection and analysis, for the reader's consideration.

As a novel qualitative researcher, I was unprepared for the impact that the data analysis process, in particular, would have on me as a person. As I analyzed the data, I come across instances when I had to take a step back and "call myself out" (in a way) for some of my own

judgment getting in the way of what the data was telling me. One incident involved my perception of the importance of “beautiful”/“pretty” (being considered this) to one feeling good about oneself. In reading Maite’s interview, I came across this judgment I had, and adjusted how this assumption of mine was influencing my hypotheses (e.g., adolescent girls who are not pretty/do not consider themselves to be pretty feel poorly about themselves). In her interview, Maite commented that feeling pretty was not important to her, and while she would like to lose weight, she still feels good about herself and satisfied with herself, which was something that Jocelyn was also communicating. But I was too caught up in my assumption to really listen to it. Similarly, while analyzing Gisela’s interview, I came to the realization that I was holding onto an assumption that self-acceptance involved feeling good about one’s body and being content with the way it is (i.e., not wanting to change any part of one’s body). As I read her interview, especially the section in which she talks about her desire/intent to accept her body as it is (her words: “making peace with my body”) and the importance of having self-confidence no matter what size, I realized that I had such a rigid view about what self-acceptance was/looked like, and I was “fishing” for this in the data. After reading her interview, I went back and re-coded the interview extracts in which the mothers talked about their bodies with this in mind. What came out of that was an understanding that some (not all) of the moms communicated that while they may not be satisfied with their appearance, they are still able to accept themselves as they are (for some, physical appearance has come secondary to being a mother with regards to how they define themselves/feel about themselves). In a way, they seemed to be communicating that how they feel about their bodies is not getting in the way/influencing how they parent their daughters AND that feeling better about themselves (along with their daughters feeling better about themselves) is something that they are working on- in a way, a “work in progress”.

As I analyzed the adolescent data, I noticed I was experiencing this “nagging” feeling that I was incapable of analyzing the data successfully because it was challenging me to examine the data without having my own bias/reactions, as noted above. It was challenging for me to face the fact that while I experienced sadness towards the adolescents who stated that they did not like their bodies, that they wanted to have a body that was thinner, that they hated their stomach, and I wished that they could see themselves with kindness, I was unable to *brindar* (offer; I think bilingually sometimes) this same level of kindness towards myself. Because I felt this way, I sometimes wondered how trustworthy my analyses would be, thinking that it might be more appropriate for someone who was more secure with themselves to analyze this data. I was filled with insecurity, and it was definitely unpleasant. Through acknowledging these biases and perceptions with my peer-debriefing colleague and dissertation chair, I was able to recognize the utility of being reflective and honest as a researcher, and maintaining integrity of the data analysis through sharing these reflections in order to ensure that I was analyzing the stories the families were telling me, and not imposing my prior experiences on the data.

Now that data analysis is complete, I have also reflected on how the data has shifted my views of treatment of adolescents with obesity. I preface this with noting that I am coming from my role as a clinician as I write this. I have come to recognize that I did not always focus on addressing the relational challenges within the family system in order to promote a healthier lifestyle- not just with eating, but emotionally for the adolescent/child and parents as well, when I worked with ACES patients. This is not to say that everyone who is overweight became overweight because they endured a history of trauma or attachment issues; however, I do think it is important to examine one’s relationship with food (e.g., eating when hungry/viewing food as a treat; fast or feast) to produce long-term results regarding healthier living (and lessen the focus

on weight loss). I guess that is my new stance on treatment now- coming from a wellness-perspective, treating both the symptoms (in the case of many adolescents with obesity, overeating and low physical activity) and the potentially underlying conditions that promote relapse/maintenance of the status-quo (e.g., being bullied; types of comments received about physical appearance and size; emotions associated with overeating and low physical activity). It takes a lot more self-reflection, and it is not the most pleasant (I mean, who really wants to do THAT much self-reflection when all one really wants is to fit into a pair of jeans, amirite?); however, I do wonder whether this approach may facilitate more long-term health benefits and maintenance of a healthier lifestyle with regards to nutrition and physical activity.

Chapter Summary

This chapter presented the qualitative research designed used in this study. The method was described in detail, including the necessity to change qualitative methodology from CQR to Grounded Theory and thematic analysis after data had been collected. An overview of Grounded Theory and thematic analysis was outlined. Additionally, the application of these qualitative methodologies in the current study was discussed. Lastly, the author's attempts at ensuring trustworthiness of this study, and the author's reflexive statement were provided.

CHAPTER 4

INTRODUCTION TO PARTICIPANTS

Prior to discussing the research findings (presented in subsequent chapters), it is important to provide the reader with a “snapshot” of the participants in this study. Nine families shared their time and their stories with this author. Nine adolescent females, nine mothers, and three maternal grandmothers were interviewed, consisting of six mother-adolescent dyads and three grandmother-mother-adolescent triads. Participants represented a broad range of cultural identification, generational status, length of obesity treatment, and BMI classification (ranging from overweight to severely obese), among other demographic characteristics. A summary of these characteristics are provided in Table 2, and discussed in the narratives that follow.

Table 2: Participant Demographic Information

Name	Age	Generational Group	City of Origin	Age when moved to U.S.	Generational Status (U.S. Census definition used)	Educational Attainment/ Occupation/ Grade at School
Yanet Ruiz	15	Adolescent	D.F., Mexico	2 years	1 st generation	10 th grade; Public High School
Mariana Ruiz	45	Mother	Chiapas, Mexico	32 years	1 st generation	8 th grade in Mexico; Caregiver for grandchildren while parents are working

Table 2 (cont.)

Name	Age	Generational Group	City of Origin	Age when moved to U.S.	Generational Status (U.S. Census definition used)	Educational Attainment/ Occupation/ Grade at School
Magda Moreno	14	Adolescent	Austin, TX	n/a	2 nd generation	8 th grader at a local public middle school
Margarita Moreno	47	Mother	San Luis Potosi, Mexico	26 years	1 st generation	2 nd grade in Mexico; Housekeeper
Maite Jimenez	14	Adolescent	Austin, TX	n/a	2 nd generation	9 th grade; Public High School
Barbara Jimenez	39	Mother	Valle San Luis Potosi, Mexico	21 years	1 st generation	High School graduate in Mexico; agricultural worker at a local greenhouse
Amelia Vaquero	15	Adolescent	Austin, TX	n/a	2 nd generation	10 th grade; Public High School
Sofia Vaquero	43	Mother	Puebla, Mexico	20 years (participated in foreign exchange program; 26 years (moved to the U.S. with her husband)	1 st generation	4-year college degree in Mexico; runs a small <i>baile folklórico</i> business

Table 2 (cont.)

Name	Age	Generational Group	City of Origin	Age when moved to U.S.	Generational Status (U.S. Census definition used)	Educational Attainment/ Occupation/ Grade at School
Elizabeth Smith	16	Adolescent	Austin, TX	n/a	2 nd generation	11 th grade; Public High School
Gisela Baez	36	Mother	Nuevo Laredo, Mexico	18 years	1 st generation	Technical Degree; x-ray technician
Rebeca Araya	14	Adolescent	Austin, TX	n/a	2 nd generation	8 th grade; Magnet Middle School
Sonia Araya	46	Mother	El Estanco, Estado de Mexico, Mexico	30 years	2 nd generation	1 st grade in Mexico; stay at home mother
Jocelyn Sanchez	16	Adolescent	Austin, TX	n/a	2 nd generation	11 th grade; Public High School
Andrea Rivera	39	Mother	Austin, TX	n/a	2 nd generation	Some college; Stay at home mother
Antonieta Vasquez	60	Grandmother	Austin, TX	n/a	2 nd generation	Some college; Youth Advocate

Table 2 (cont.)

Name	Age	Generational Group	City of Origin	Age when moved to U.S.	Generational Status (U.S. Census definition used)	Educational Attainment/ Occupation/ Grade at School
Bianca Paz	13	Adolescent	Austin, TX	n/a	2nd generation	8th grade; Charter Middle School
Natalia Paz	34	Mother	Durango, Mexico	17 years	1st generation	High School graduate (U.S.); housekeeper
Alberta Cabrera	60	Grandmother	Durango, Mexico	43 years	1st generation	3rd grade in Mexico; retired (lives ½ time in Mexico and U.S.)
Eloisa Ramirez	12	Adolescent	Austin, TX	n/a	2nd generation	7th grade; Charter Middle School
Norma Ramirez	34	Mother	Tejupilco, Mexico	19 years	1st generation	High School graduate in Mexico; Housekeeper
Carola Martinez	60	Grandmother	Tejupilco, Mexico	43 years	1st generation	2nd grade in Mexico; cleans offices

Table 3: Adolescent Demographic Information

Name	Body Mass Index (date taken); BMI %ile; BMI classification	Medical Condition(s)	Obesity Treatment (ACES/TEEN Group)	Length of Treatment	Other Treatment Attempts (prior to ACES)
Yanet	28.18 (02/14/2014); <95 th percentile (> 90 th percentile); Overweight	None reported	ACES (attempted TEEN group, but unable to attend weekly sessions)	3 years	None reported
Magda	36.4 (04/24/2014); >99 th percentile; Severely Obese	Type II Diabetes	TEEN group	6 weeks	None reported
Maite	37.69 (10/13/2014); >99 th percentile; Severely Obese	Pre-diabetic; high cholesterol	ACES	3 years (stopped for 6 months; came back to clinic a few months ago)	None reported
Amelia	31.5 (10/16/2014); >97 th percentile; Obese	None reported	TEEN group (on waitlist for ACES clinic)	6 weeks	Attended multidisciplinary, family-based obesity intervention program at a local children's hospital at age 12

Table 3(cont.)

Name	Body Mass Index (date taken); BMI %ile; BMI classification	Medical Condition(s)	Obesity Treatment (ACES/TEEN Group)	Length of Treatment	Other Treatment Attempts (prior to ACES)
Elizabeth	42.30 (12/05/2014); >99 th percentile; Severely Obese	None reported	ACES	2 months	Weight Watchers at age 13
Rebeca	31.5 (11/20/2014); >97 th percentile; Obese	Type II Diabetes	TEEN group	“I don’t know”- Rebeca; “A few months”- Sonia	Attended multidisciplinary, family-based obesity intervention program at a local community center at age 11
Jocelyn	32.25 (10/18/2013); >97 th 1 percentile; Obese	Polycystic Ovary Syndrome (PCOS); Fibromatosis; Pre-diabetic	ACES	2 years	None reported
Bianca	43.26 (12/05/2014); >99 th percentile; Severely Obese	High cholesterol	ACES	2 months (also attending Behavioral Health appointments with psychologist through ACES)	None reported
Eloisa	34.0 (04/24/2014); >99 th percentile; Severely Obese	None reported	ACES and TEEN group	Around 2 years; not disclosed for TEEN group	None reported

¹- BMI percentiles approximated by author using CDC growth chart (2010) and NICHD Healthcare Quality 99th BMI percentile cut-points for age and gender (2007)

With regards to language used to respond to the interview questions, the author noted that many of the participants were bilingual, with some participants using predominantly English and others using predominantly Spanish. Specifically, eight of the adolescent interviews were Bilingual, Predominantly English, and one was Bilingual, Predominantly Spanish. Regarding the mothers, seven of the interviews were exclusively in Spanish, one was Bilingual, Predominantly English, and the other was Bilingual, Predominantly Spanish. Of the grandmothers interviewed, two interviews were exclusively in Spanish, while one interview was Bilingual, Predominantly English. While transcribing the interviews and during the translation process, the author noted that many of the participants whose interviews were Bilingual, Predominantly English, utilized Spanish when discussing family and cultural traditions and their upbringing. The author was left with impression that through their use of Spanish, they may have been expressing their strong connection to their culture.

As noted in Chapter 3, the author collected demographic information from study participants, including the level of education and occupation of mothers in the study, two variables that are utilized to approximate socio-economic status (American Psychological Association, 2006). Two of the nine families have mothers who attained less than a high school education, three of the mothers attained a high school education, three of the mothers attended some college and/or received a postsecondary technical degree, and one mother completed a four-year college degree. Further, three of the mothers work as housekeepers, one as an agricultural worker, one as an x-ray technician, one as owner of her own dance company, and three are stay at home mothers.

Many of the mothers provided insightful responses during the interviews regarding their perspective on their relationship with their daughters and their own relationship with healthy

living (e.g., physical activity and eating practices). As the author reviewed the information the mothers provided, she observed that the level of detail and insight the mothers gave did not seem to be attributed to the mother's level of education or occupation, as there were responses the mothers who attained less than a high school level of education that provided the author with a deep understanding of their lived experience (i.e., the responses were not concrete in nature). Thus, the author sought other potential explanations. Since most of the families (seven out of the nine) have been in treatment at either ACES or TEEN group for over one year, it may be possible that this influenced the level of detail in their responses, as treatment may have encouraged these mothers to reflect upon the topics discussed during the interviews. Additionally, given the author's bilingual and bicultural background, it may be possible that the mothers were provided a space in which they could communicate with more ease than if a third party were involved (i.e., a translator). Further, during the interview, some of the participants shared different life experiences and perspectives on topics that the interview script did not directly address. As Corbin and Strauss (2008) note, it is imperative that the interviewer allow the participant to describe what is meaningful and important to him or her, as this permits an openness from which the interviewer is approaching the data collection process. Thus, the author provided a space in which participants were able to engage in this process.

A snapshot of six participating families is provided below. Snapshots of the three remaining families are included in Chapter 12. Further, information pertaining to each adolescent's body image self-schema is presented in Chapter 9. Of note, pseudonyms are utilized in place of participants' names to preserve confidentiality of participants' identities.

The Ruiz Family

Mariana Ruiz (Mother)

Mariana Ruiz is a 45-year-old Mexican-born mother living with her daughter, Yanet, in Austin, TX. Mariana has two older daughters who live outside of her home. Her husband, Antonio, is currently incarcerated. She currently works for her two daughters taking care of their children during the day while they are at work. Mariana grew up in Chiapas, Mexico with her parents and siblings. She recalled their financial situation to be very challenging growing up, and she left her studies when she was 14 years old (completed the 8th grade) in order to contribute to the home financially as a bagger at a local shopping center, working her way up to cashier. Mariana noted being thin during her childhood and adolescence in Chiapas, Mexico, noting that she was about a size 3 when she was an adolescent. While Mariana expressed being very content with her body as an adolescent, she recalled wishing she had thicker legs. Mariana noted that using bicycles and walking as her modes of transportation were very helpful in maintaining her weight during this time in her life. She reported that she began to gain weight when she got married and became a mother. Mariana noted that moving to the D.F. (Capital of Mexico) was an influential factor in gaining weight, as she was away from her family and she could only get around the city in taxis or buses, reducing her physical activity.

Mariana reported that she developed depression while in the D.F., and that her husband was an alcoholic, leading her to use food as a way to cope with her worries about her husband's drinking habits. Mariana recalled that she noticed she gained more weight when she moved to the U.S. at the age of 31 years, often eating at Chinese buffets with her sister. Mariana recalled that when she was 32, she weighed 210 pounds. Once settled in the U.S., Mariana began to

notice that her husband's alcoholism was becoming worse, and she began to attribute her physical appearance as the reason for her husband's alcohol problems. She began to eat healthier and engage in physical activity with the hopes that her weight loss would reduce her husband's excessive drinking. She lost 50 pounds and noticed that her husband's drinking continued unchanged. She realized then that she was not the reason for his drinking; that his alcoholism was his issue, not hers.

She noted that she gained about 20 pounds at age 38 years when her husband was incarcerated. Mariana recalled becoming depressed again and engaging in excessive eating and caring less about herself due to the stress of her husband's imprisonment. Over the last few years, Mariana noted that she has begun utilizing exercise as her way of coping with her depressive symptoms, being inspired by her daughter, Yanet's progress with increasing physical activity in her life. Mariana expressed a liking of her legs and dissatisfaction with the shape of her stomach and area under her biceps. As Mariana discussed her body, she noted that she wished she could go back to being as thin as she was during her adolescence, though noted "one is never content with the body one has sometimes".

Yanet Ruiz (Adolescent)

Yanet is a 15-year-old Mexican American adolescent who was attending the 10th grade at a local charter high school at the time of the interview. Based on her BMI percentile, Yanet is considered overweight. Yanet noted that she identifies as Mexican American, as she was born in Mexico and been raised in the U.S. since she was 2 years old. Yanet described her school as fairly small, which she appreciates, as the teachers are able to "focus on every single kid, not like some other schools, where they only focus on everybody, not just you". She noted that most of the adolescents who go to her high school are Hispanic, and stated she does not pay much

attention to the body sizes of her classmates. With regards to her teachers, Yanet stated that there “are some African Americans, and Americans”, with her principal being from Turkey. Yanet reports enjoying school, and is a member of her school’s volleyball and basketball teams.

The Moreno Family

Margarita Moreno (Mother)

Margarita is a 46-year-old Mexican-born mother who lives with her husband, Magda, and Magda’s older brother in Austin, TX. Margarita attained a 2nd grade education in Mexico, and is currently a housekeeper. Margarita recalled that she was the fattest of her siblings when she was 10 years old. As she discussed this, she noted that this was the age when her mother passed away. Before passing, her mother asked Margarita to look over and be responsible for her siblings, as she was the oldest of six children. After her mother passed, she was sent to live with her maternal grandparents and her siblings were sent to live with uncles until their father remarried. Margarita chose to continue living with her grandparents on their farm after her father remarried.

During her adolescence, Margarita recalled being “real thin”, and that she liked her body shape during that time in her life as others would tell her that she had a nice waist. Margarita noted that she gained some weight during each of her pregnancies, but was able to lose the weight without much effort. She attributes the tubal ligation operation she endured after her pregnancy with Magda at the age of 34 years to gaining a lot of weight. Margarita noted that she did not pay much attention to her weight gain, as she was spending time caring for her children. Margarita reported that she was a size 18 when she was 45 years old, and it was at this age that she was diagnosed with Type II Diabetes. After talking with her doctor, she began to lose weight

in order to have better control of her diabetes. Margarita noted that she is currently a size 12, and she likes the way her body currently looks, especially her legs and her hips.

Magda Moreno (Adolescent)

Magda is a 13-year-old Mexican adolescent who was attending the 8th grade at a local public middle school at the time of the interview. Magda is diagnosed with Type II diabetes, and is classified as severely obese based on her BMI percentile. While Magda was born in Austin, TX, she identifies as Mexican, as the culture represents “my history of what was back then” and associates her Mexican culture with family celebrations. With regards to her school, Magda remarked that her school is “big”, with students’ body sizes being “average” (“not too skinny and not that big”). Further, Magda shared that there are more Hispanic students who attend her school; however, she noted that there are also “White and African-American” students who attend her school. She described her teachers as “skinny” and “from all cultures”. Magda shared not liking school, as “it’s too much teaching and too much homework”.

The Jimenez Family

Barbara Jimenez (Mother)

Barbara is a 39-year-old Mexican-born mother living with her husband, Maite, and Maite’s younger brother (age 12 years), in a suburb of Austin, TX. Barbara has an older daughter (age 18 years), who moved out of the home when she was 17 years old. Barbara attained a high school degree in Mexico, and is currently an agricultural worker at a local organic farm. Barbara described herself as being overweight when she was a child, noting that she enjoyed eating, sometimes eating when she saw something that looked good to eat even if she was not hungry. As a child, she learned how to cook from her friends’ mothers after school. During her mid-to-

late adolescence, Barbara noted that she became thinner, attributing this to not making the time to eat due to having a lot of responsibilities, including working and going to school.

When she became pregnant with her first child at the age of 21 years, Barbara recalled that she felt ugly, noting that she felt depressed due to being new to the U.S. with her husband, and being away from her family, as they were all in Mexico. While she was able to speak with her mother and mother-in-law over the phone about her pregnancy and received advice from them, Barbara noted that this was not the same as being able to walk to their homes and see them in person. Barbara recalled that she gained weight during her pregnancies, but with healthy eating she was able to lose the weight she gained. She noted not feeling pressure from her husband to lose weight after her pregnancies, as the change in her physique was not something he focused on. She expressed liking her current physical appearance, as she gets compliments from others that she “looks good” and “does not appear her age.”

Maite Jimenez (Adolescent)

Maite is a 14-year-old Mexican American adolescent who was attending the 9th grade at a local high school at the time of the interview. Maite is considered to be severely obese based on her BMI percentile, is pre-diabetic and has high cholesterol. Maite stated that she identifies as “more Mexican” when at home and “more American” when at school and with her friends. Maite described her school as “Oh god, [school name] is big”. She noted that the majority of the adolescents who attend her school are American and Mexican. Maite noted that there are various “cliques” at her school, including “a big clique of like American people with their country music, stuff like that”. She stated that she feels as though she can be herself at school, as she is able to listen to the type of music she likes (e.g., heavy metal) without concern over what her parents

will say to her, as they do not approve of her listening to this type of music. Maite shared that she is working to “get my grades up”, as she had a few failing grades on her 6-week report card.

The Vaquero Family

*Of note, the author served as a co-facilitator of the obesity intervention program the Vaquero family attended when Amelia was 12 years old (3 years prior to Amelia’s participation in this study). After the conclusion of the program, the author had no other contact with the family until this interview. The author became aware of this connection when she arrived to conduct the interview, and Sofia and Amelia acknowledged they remembered the author. She explained her role difference, and stated that if the family was uncomfortable with continuing their participation in the study, or felt coerced to participate, given this prior connection, they could cease participation at any time. Both Sofia and Amelia noted that they did not feel uncomfortable or coerced into participating.

Sofia Vaquero (Mother)

Sofia is a 43-year-old Mexican-born mother living with her husband, Amelia, and Amelia’s younger sister (age 12 years). She attained a 4-year college degree in Mexico, and is currently running a small dance business teaching elementary school-aged youth how to dance *baile folklórico* (traditional Latin American dances that represent local folk culture). Her daughter, Amelia serves as an instructor on occasion, which is one way Sofia and her daughter spend time together. This also serves as a way that Sofia teaches her daughter the importance of their culture. Sofia recalled “not having a problem with overweight” when she was a child and adolescent, telling the interviewer that she was thin during her adolescence. Sofia noted that she became overweight when she first visited the U.S. as a foreign exchange student when she was

20 years old. She lived with a family in Idaho for 8 months, and recalled feeling overwhelmed with the variety of food in the U.S. to which she did not have access in Puebla, Mexico, including having access to meat, ice cream, and cereal everyday. Sofia noted that she sometimes ate when she was not hungry due to feeling sad and homesick. Sofia recalled that during her 8-month stay in the U.S., she gained 40 pounds. Sofia noted that she felt very bad about herself as her weight gain resulted in her mother restricting her eating and receiving comments from family members asking, “What happened to you?”.

Sofia noted that she knew she needed to lose weight, and she attended support groups for individuals with addiction upon returning to Mexico, as well as exercising and watching what she ate. Sofia expressed success with losing weight, though noted that she has never been able to get back to the weight she was prior to arriving to the U.S. for the first time. Sofia returned to the U.S. at age 26 years with her husband, and noted that she was mindful to monitor her eating habits, with the goal of maintaining her weight. When asked about her experience with weight gain as a result of motherhood, Sofia noted that she enjoyed her pregnancies, being heavier due to the pregnancy, enjoying each step, which is a mindset she learned from her father. When asked to describe her current physical appearance, Sofia stated that she considered herself to be “the standard size, not too big or too little.” She noted that she does not describe herself as being thin or being fat, and makes jokes about her physical appearance from time to time (e.g., says that she’s a natural blonde after dyeing her hair).

Amelia Vaquero (Adolescent)

Amelia is a 15-year-old Mexican American adolescent who was completing the 10th grade at a local public high school at the time of her interview. Based on her BMI percentile, Amelia is considered to be obese. Amelia shared that she identifies as “more Mexican” than

American, as her family “feels really tight with the Mexican culture”. She noted that “American” to her means,

[...] they [Americans] celebrate in big the fourth of July and all of these American holidays and they get so patriotic about their flag and everything. I respect it and I do it, but I don’t feel that connection or that strong sentiment for what it means, what it’s talking about.

Amelia helps her mother teach *baile folklórico* to elementary-aged children, as this helps her stay connected to her culture. With regards to her school, Amelia stated that her school is “pretty big”, and she enjoys school. She is a member of her school’s soccer team, Spanish club, and expressed interest in attending the school’s science club meetings. Regarding her perception of her classmates, Amelia noted that there is “a lot of diversity” in terms of body sizes, ethnic backgrounds, and dress styles (e.g., “some people that wear really baggy clothes or other people wear really tight clothes, and other people wear like stuff that looks good on them, fitted”). She also noted differences between her American and Mexican classmates, sharing,

a lot of white people here [at school] are rednecks, so they have a lot of country and they have to ride tractors and they have horses and cows. And the Mexicans, they have country but they don’t really engage in labor of having cows and horses and all that stuff and ranching.

Further, Amelia stated that there is some body size diversity represented among her teachers, and noted that while most of her teachers are “White”, there are some teachers of Mexican descent at her school.

The Baez-Smith Family

Gisela Baez (Mother)

Gisela is a 36-year-old Mexican-born mother, living with Elizabeth and her younger son, age 12 years in a suburb of Austin, TX. Gisela divorced her children's father eight years ago. Gisela completed a technical degree in the United States, and is currently working as an x-ray technician at a local hospital. Gisela described herself as being thin during her childhood, and "thick, a little bit, but thin" as an adolescent, recalling being a size 6 in pants when she was fifteen. She stated always feeling she was overweight as an adolescent, noting that she has always had problems with how she sees her body. Gisela reported that looking at photographs of herself during her adolescence as an adult has helped her recognize that her perceptions of her body shape as an adolescent were inaccurate, as she views the photos and sees that she was thin "like a stick" and also had a "small waist and big hips, so clothes fit me well."

Gisela stated that she moved to the U.S. when she was 19 years old, and was overwhelmed with the number of food choices and quantity of food served at restaurants. She noted initially enjoying going to Chinese buffets, as she could eat as much food as she could for a small price. She stated that making these food choices, her pregnancies, and being in an abusive relationship with her Elizabeth's father were influential sources of her gaining weight. Gisela noted that reaching 200 pounds caused her to begin to make changes in her diet and become more reflective about her reasons for eating. When asked to describe her current body shape, Gisela stated that she considers herself to be "thick". She noted that while she may be considered overweight or obese based on her weight, she sees herself as "average" because she is

currently a size 14 in clothes, which she reported as being the average women's clothing size in the U.S.

As she described her body, Gisela made various comments about being dissatisfied with her appearance, including her "flaccid arms", considering them to look "like chicken wings" and dislike for her lower stomach as it "pouches out." While she has been attempting to be more mindful of her eating habits, Gisela noted that she has experienced an increase in stress over the last two years, stemming from planning Elizabeth's quinceañera party and conflicts with her ex-husband over Elizabeth's body size. This additional stress has caused her to be less mindful of what she is eating, and as a result she has gained 15-17 pounds in the last two years.

Elizabeth Smith (Adolescent)

Elizabeth is a 16-year-old Mexican American adolescent who was completing the 11th grade at the time of her interview. Elizabeth is considered to be severely obese based on her BMI percentile. Elizabeth self-identified as having more of a connection with her Mexican heritage, as she speaks mostly Spanish with some of her friends and family, eats traditional Mexican food with her family (e.g., enchiladas; rice; beans), and celebrates traditional holidays (e.g., quinceañeras). Elizabeth described her school as being rather large and having "a big diversity". She went on to share,

There's some really skinny girls, and then there's more girls that are more chubbier than me, like bigger. We have a bunch of Mexicans, we have a bunch of blacks, we have a bunch of whites, we have a bunch of Asians, so yeah.

Regarding her teachers, Elizabeth stated that her teachers are mainly of American and Mexican cultural backgrounds. Elizabeth shared that she likes school, especially "Home

Economics”, because she is learning how to sew pillows. The author recalls Elizabeth pointing to the couch in the living room, and asking the author whether she liked the pillows. When the author stated that she did, Elizabeth pulled her shoulders back, and said, “I made those”, with her affect brightening as she talked about her accomplishment of making these pillows for class.

The Araya Family

Sonia Araya (Mother)

Sonia is a 46-year-old Mexican-born mother, living with her one older son, one older daughter, and Rebeca in Austin, TX. Her oldest children live outside of the home. Sonia attained a 2nd grade education in Mexico and is currently a stay at home mother. Sonia indicated that she was thin as a child and adolescent. She attributes having access to fresh fruits and vegetables as well as the physical activity she engaged in while working on different farms in the area to help her family economically to being thin during that stage of her life. Sonia noted that she did not gain much weight during her pregnancies with the four children she had in Mexico, noting that she was able to remain thin after each pregnancy. Sonia recalled that she was glad when she moved to the U.S. with her four children and her husband at age 30 years because she had greater access to food, as the family had more money to buy food thanks to her husband’s job.

Sonia noted that something she did not enjoy was the weight gain she experienced while pregnant with Rebeca. As Rebeca is the only child to be born in the U.S., Sonia noted that the change in lifestyle, including eating larger quantities of food, consuming higher-fat foods, and engaging in less physical activity led to her gaining weight and going up two dress sizes- from a size 8 to a size 12. She noted being unable to lose the pregnancy weight. Further, she stated that another influence in her weight gain was adapting to the foods that her husband’s family

prepared here in the U.S., as they stayed with his siblings when they first arrived to the U.S. As the interview progressed, Sonia expressed “in confidence” (Sonia’s words) that she and her husband had actually crossed to the U.S. a few years before entering with their children, in order to work and send money to the family members who were caring for their four children in Mexico. Sonia believes she gained weight when she came to the U.S. for the first time because she began taking birth control pills, as she did not want to have more children, given the economic struggles her family was experiencing. She noted that she stopped taking the medication when she returned to Mexico, but recalls that she has been unsuccessful at losing weight since taking birth control.

With regards to her current physical appearance, Sonia described herself as “fat” and “really fat” during the interview. Further, when directly asked to describe her body, Sonia provided concrete responses (e.g., “I use my hands to cook”; “I use my legs for walking”). As a result, interviewer adjusted her questions to provide a space in which Sonia could express how she felt about her body. As she described her current body, Sonia expressed physical discomfort in her body (e.g., swollen hands and feet, which she attributed to having severe diabetes; hair loss due to diabetes). Sonia noted that she was dissatisfied with her body due to these physical discomforts as well as her stomach because it was big. Moreover, Sonia expressed that, if given the options, she would prefer to be as thin as she was before moving to the U.S., as she is fat now. While Sonia expressed dissatisfaction with most of her body, the interviewer observed that her affect brightened as she was talking about her favorite body part, her legs, noting that she likes the fact that they have not been affected by the diabetes, as they are not swollen or in pain like her hands and feet.

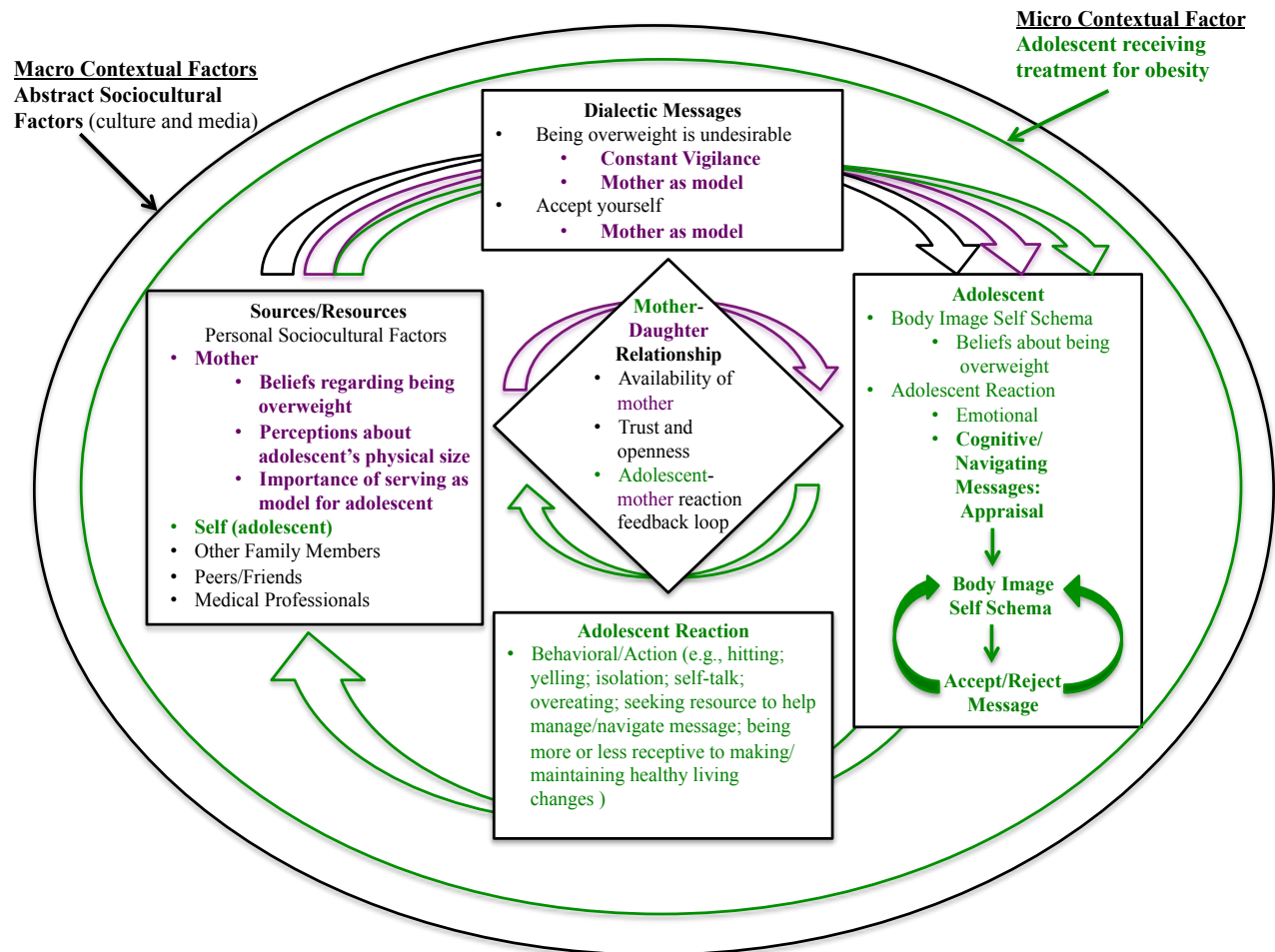
Rebeca Araya (Adolescent)

Rebeca is a 13-year-old Mexican American adolescent who was completing the 8th grade at a local magnet middle school at the time of her interview. Rebeca is considered to be obese based on her BMI percentile, and is diagnosed with Type II diabetes. She identifies culturally as both Mexican and American, as her family is from Mexico and she was born in the U.S. Rebeca stated that her school is “BIG. There’s a lot of people”. She noted that peers at school are of “many cultures”, including African American and Mexican. Rebeca shared that her teachers are mostly American, and expressed a desire to be able to speak Spanish with her teachers. She went onto share that maybe this would not be a great idea, as then she would not be able to curse in Spanish while at school, as she would get in trouble because her teachers would be able to understand what she was saying. Rebeca noted that school is “hard” for her because it is challenging to understand the material. Of note, Rebeca was an adolescent who appeared to have some difficulty with understanding some of the interview questions. The author attempted to reword the questions in a manner that was more comprehensible to her. Further, the author asked the questions in both Spanish and English to help ensure that the level of comprehension was not attributable to linguistic fluency of the language used.

CHAPTER 5

OVERVIEW OF THE MODEL

Figure 2



The model presented (Figure 2) and discussed below provides a descriptive account of the influences on the body image self-schema of Mexican and Mexican American adolescent females with obesity, and the processes they undergo when receiving feedback about their physical appearance, including their physical size. While the study was primarily focused on examining the experiences of adolescent females with obesity, there was a fair amount of diversity with regards to BMI classification, ranging from overweight to severely obese. There

was also variation in self-identification with Mexican and American culture, family composition, age of participants, and level of education of mothers. However, despite these differences, the individual narrative of each adolescent participant can be understood through the model presented below. When reviewing the model and its descriptive narrative, it is helpful to utilize the sociocultural framework of body image (Smolak & Levine, 2001; Tiggemann, 2011) and cognitive behavioral framework of body image (Cash, 2002; 2011) as frames of reference (discussion of both frameworks presented in Chapter 2). Further, it is important to note that the processes described in the model do not occur in isolation, or in a linear manner. Rather, what arises are complex processes that influence and inform one another, existing within a larger context that encompasses the manner in which obesity is perceived and represented in society.

From a sociocultural framework, the abstract *contextual* constructs in the present study that expose the adolescent to messages and beliefs about weight and body are **culture** (Mexican and American culture) and **media** (Spanish- and English-speaking media). As these contextual factors are more removed from the adolescent, they are referred to as *macro contextual factors* (presented in Chapter 6). These macro contextual factors are illustrated as the outermost circle within the model, and labeled as “Macro Contextual Factors: Abstract Sociocultural Factors” on the left-hand side of the model. A brief discussion of both constructs is presented below.

Prior to presenting the associations these adolescents communicated between **culture** and physical appearance, including body size, it is helpful to briefly discuss the self-identified cultural background of this adolescent sample. Self-identification with Mexican and American culture varied within these adolescent participants, as noted in the introductory paragraph of this chapter. Their self-identification ranged from “more” American than Mexican, “equally” Mexican and American, and “more” Mexican than American. As adolescents discussed their

cultural background, a variety of factors appeared to influence their self-identification, including familial influences, birth country, and the setting they find themselves in (e.g., home vs. school). A more detailed discussion of cultural background is presented in Chapter 6.

Adolescents in this sample discussed associations between ethnic culture and physical appearance, including body size. For example, adolescents noted that being overweight has different associations in the U.S. versus Mexico (e.g., an association between body size and wealth in Mexico). Further, these adolescents discussed their perceptions of differences in body size between women in the U.S. and Mexico, and the influence that physical appearance, including being overweight, has on women in these two countries. Lastly, a few adolescents noted the influence their culture has on acceptance of diverse body sizes (for more detailed information, please refer to Chapter 6).

Another abstract sociocultural construct that communicates messages about being overweight and physical appearance is **media**. Responses from these adolescents suggest Spanish-speaking and English-speaking media transmit an association between body size and desirability, with thinness expressed to be more desirable than overweight. Further, adolescents discussed the influence that physical size has on the presentation of characters on television (more detailed information is discussed in Chapter 6).

Another salient contextual factor in the lived experience of Mexican and Mexican American adolescent females with obesity is their status as an **adolescent receiving treatment for obesity**. As this contextual factor is more proximal to the adolescent, it is presented as a *micro contextual factor* (discussed in Chapter 6). This contextual factor is represented in the model as the innermost circle in green (to connote the closeness to the adolescent's lived experience), with the label "Micro Contextual Factor: Adolescent receiving treatment for

obesity” placed on the right-hand side of the model. In describing their experiences as an adolescent receiving treatment for obesity, the adolescents and their mothers discussed when the adolescent’s overweight became an area of concern, and the goals both have for the adolescent’s participation in treatment (i.e., ACES and/or TEEN group). Further, the adolescents communicated their views of their current treatment, including the support they received from the treatment professionals and their comfort with being measured (i.e., height/weight/waist measured) by these programs (presented in Chapter 6).

The *personal* sociocultural factors that provide feedback to the adolescent are represented under the “**Personal Sociocultural Factors**” heading within the rectangle on the left-hand side of the model, entitled “**Sources/Resources**”. Of note, this title encompasses the sources of the message(s) and the individual(s) the adolescent uses as a resource to navigate the messages received. These sources/resources include, but are not limited to: the adolescent’s mother; other family members (e.g., fathers; siblings; grandparents; other extended family); school peers; friends; medical professionals; and, the adolescent herself (in the form of self-talk)). Further, these individuals provide messages in overt (e.g., verbal statement(s) to adolescent) and covert ways (e.g., observation). Additionally, these individuals provide messages spontaneously to the adolescent and/or when the adolescent uses them as a resource to help her manage messages received by others (e.g., an adolescent utilizing a cousin as a resource to navigate a hurtful message she received from a sibling).

While the messages provided by the aforementioned sources are also presented, the manners in which the mothers communicate the messages to their daughters are discussed in greater detail for two reasons. Firstly, the mother interviews (as noted in Chapter 3) “triangulated” the data provided by the adolescents (i.e., concepts and categories from the

adolescent data were cross-verified with data from the mother interviews). Secondly, the adolescent data suggested that the messages from mothers were of unique importance to adolescents' body image. The mother interviews also provided information about potential influences on the messages mothers communicate to their daughters, including **mothers' beliefs about being overweight** (e.g., their negative attributions to being overweight), **the importance they place on being a model for their daughters** (with regards to healthy living and self-acceptance), and their **own experience with weight gain** (including comments they received about their body shape when they gained weight). Further, the manners in which the mothers communicate the messages to their daughters are through serving as **models** for their daughters, serving as a **resource** to aid their daughters in managing messages received by others, and through the use of **constant vigilance** (the term the author utilizes to describe a behavior mothers employ to deliver messages about the adolescent's body size to the adolescent).

The messages the "Sources/Resources" communicate to the adolescent are represented by the rectangle and arrows above the rectangles on the right- and left-hand side ("Sources/Resources" and "Adolescent") of the model. Each arrow represents a source of influence, with the purple arrow representing the messages delivered from mother to adolescent, the green arrow indicating the messages the adolescent tells herself, and the black arrow representing the messages provided from other sources (e.g., peers/siblings; physicians). The messages these sources/resources communicate to the adolescent seem to fit into two categories: a communication that "being overweight is undesirable", and "accept yourself" (e.g., the adolescent is "good as she is"). Given the opposing truths these two groupings of messages communicate, this author is utilizing the term, **dialectical messages**, as "dialectic" describes an integration of opposites (Miller, Rathus, & Linehan, 2006). The message "being overweight is

undesirable” includes two properties - aesthetic reasons (e.g., clothing options are limited for those who are overweight) and health reasons (e.g., being overweight increases the risk of high cholesterol). The message, “accept yourself”, is communicated in attempts to have the adolescent perceive herself in a more favorable manner and enhance the positive beliefs that she has about herself. It is important to note that these messages are not the only messages adolescents receive about their appearance; but appear to be the most salient to this sample.

The rectangle on the right-hand side of the model entitled, “Adolescent”, encompasses the adolescent’s **body image self-schema**, including thoughts she has about her body (e.g., “I have to accept myself as I am”; “I am fat”; “I am not pretty”), and her associated feelings she has about her body (e.g., happiness; pride; sadness; anger). Further, the adolescent’s body image self-schema includes the **beliefs the adolescent holds about being overweight** (e.g., being overweight is unhealthy; being overweight has limitations (e.g., clothing choices are a limitation to being overweight)). This circle also illustrates the adolescent’s **emotional and cognitive reactions** to the messages received. *Emotional reactions* describe the feelings the adolescent experiences after receiving the message (e.g., happiness; sadness; anger). The adolescent’s *cognitive reactions* encompass the cognitive navigation process she engages in to interpret the messages received. This navigation includes appraisal of each message, acceptance or rejection of the message, and integration of the message into her thoughts and feelings about her body (i.e., her body image self-schema; Cash, 2002; 2011).

The arrow that begins at the “Adolescent” and points towards the “Sources/Resources” rectangle represents the adolescent’s **behavioral reaction** to the messages received (represented as a rectangle towards the bottom of the model). These behavioral reactions are towards the individuals represented within that circle who are the sources of the messages and possibly a

resource. The adolescent's behavioral actions are influenced by the messages received.

Behavioral reactions are defined as actions the adolescent engages in to manage her emotional reaction to the message received, and to help her navigate the messages received (e.g., hitting; yelling; isolation; self-talk; overeating; seeking resources to help manage/navigate messages; being more or less receptive to making/maintaining healthy living changes).

The data suggests that the adolescent's reactions are not merely a result of her perception of the messages she receives. Rather, her reactions reciprocally impact the sources of the messages (particularly to the mother), as depicted by the arrow pointing back at the "Sources/Resources" rectangle. In addition, an important process that revealed itself in the data was that within the mother-daughter relationship (represented by the diamond shape in the middle of the figure), the messages a mother provides, the adolescent's reaction to these messages, and the mother's subsequent response to her daughter's reaction, have a reciprocal influence on one another, which the author has termed the **adolescent-mother reaction feedback loop** (represented within the diamond shape in the middle of the model figure entitled, "mother-daughter relationship"; curved purple and green arrows (representing the mother and adolescent, respectively) are used to illustrate the reciprocal nature of this process). This feedback loop seems to be an influential factor in the adolescent's use of her mother as a navigational resource. Other influential factors suggested by the data within the mother-daughter relationship include trust and openness, and the adolescent's perception of her mother's availability to spend one-on-one time with her.

The narrative above presented the overall model of the influential sources on the body image self-schema of Mexican and Mexican American adolescent females with obesity, and the processes these adolescents engage in when navigating messages about their physical

appearance, including their body size. The components of the model and relevant influential factors were discussed; including the abstract and personal sociocultural factors that serve as “sources of messages” the adolescent receives, as well as “resources to navigate messages”. The dialectical messages these sources provide were also addressed, along with the adolescent’s body image self-schema, her reactions to these messages, and the processes the adolescent engages in while navigating the messages she receives about her physical appearance, including her body size. Further, the influential factors to the adolescent’s use of her mother as a navigational resource were presented.

In the chapters that follow, the aforementioned components are discussed in greater detail. In Chapter 6, the author begins exploring the model by presenting the Contextual Factors relevant to the lived experiences of Mexican and Mexican American adolescent females who are obese and in treatment for their obesity. The dialectical messages the adolescent receives are discussed in Chapter 7, including the sources of these messages, and manners in which mothers communicates these messages to their adolescent daughters. Chapter 8 presents potential influential sources of the messages mothers provide the adolescents, including mothers’ beliefs about being overweight, perceptions about their daughter’s physical size, and the importance of serving as a model for their adolescent daughter. Further, the adolescent’s body image self-schema, and emotional, behavioral, and cognitive reactions to messages received are illustrated in Chapter 9; including the adolescent’s cognitive navigation of the messages she receives and her use of others as resources to aid her navigate these messages. The mother-daughter relationship, including the adolescent-mother reaction feedback loop are presented in Chapter 10, along with other relevant factors to the adolescent’s use of her mother as resource to help her navigate messages she receives. Illustration of the model using two mother-daughter dyads is

presented in Chapter 11. Common themes derived from the three mother-adolescent-grandmother triad data are discussed in Chapter 12. Lastly, Chapter 13 presents a discussion of the key findings of the study, limitations of the study, and implications for future research and clinical practice.

CHAPTER 6

EXPLORING THE MODEL – MACRO AND MICRO CONTEXTUAL FACTORS

A unique aspect of qualitative research is its capacity to investigate a phenomenon of interest within the context of the lived experience of study participants. This exploration creates a more comprehensive understanding of the phenomenon of interest for the investigator (Corbin & Strauss, 2008; p. 229). The term “context” within grounded theory encompasses the “structural conditions that shape the nature of situations, circumstances, or problems to which individuals respond by means of action/interaction/emotions” (p. 87). Further, context grounds concepts and reduces the chances of distorting meaning and/or misrepresenting intent (p. 306). Lastly, contextual factors “range from the most macro to the micro” (p. 87). Macro contextual factors refer to factors that are “more distant from the individual”, such as historical, social, and political factors, while micro factors are those that are “closer to the individual” (p. 91). As outlined in Chapter 5, the macro contextual factors of culture and media (referred to as “abstract sociocultural factors” in the model), and the micro contextual factor of being an adolescent receiving intervention for obesity, play a role in the dialectical messages the adolescent receives and their self-perception. An exploration of the contextual factors relevant to the dialectical messages the adolescent receives and their self-perception is provided below.

Macro Contextual Factors- Abstract Sociocultural Factors

Culture. As outlined in the overview of the model (see Chapter 5), culture and media contribute to associations the adolescent makes about weight and physical appearance. With regards to **culture**, it is helpful to discuss the adolescents’ cultural background prior to presenting the influence culture places on their beliefs about body and body size. For these adolescents, their self-identification with a culture (e.g., Mexican or American) or cultures (e.g., Mexican and American) seemed to be influenced by a variety of factors. It is important to note

that not all potential influences are represented within this section; rather, the most common influences presented by the adolescents are described below. For some adolescents, their cultural identity seemed to be shaped by the influence of their family (e.g., feeling a connection to their “Mexican” culture more than “American” culture because their family communicates the importance of Mexican culture through their food, participation in cultural practices (e.g., *baile folklórico*), and family gatherings (e.g., going to Mexico or family coming from Mexico to the U.S. for celebrations such as baby showers and quinceañeras). Others utilized their birth country and/or the country in which they have been raised as an influence to their cultural identification (e.g., noting they are more “American” because they were born in the U.S.; both Mexican and American because they were born in Mexico, and being raised in the U.S.). A few adolescents discussed shifting their cultural identity depending on the setting they are in. Specifically, acting more “Mexican” (e.g., speaking Spanish; listening to Spanish-speaking music) at home, and considering themselves to be more “American” at school (e.g., speaking English; talking about English-speaking television shows).

Regarding associations adolescents presented pertaining to culture, overweight, and physical appearance, some adolescents noted differences between what being overweight represents in the U.S. versus Mexico. The adolescents in this sample expressed an association between body size and wealth, particularly when asked about their perceptions of body shapes of women in Mexico. While a few noted that being overweight is associated with being wealthy (e.g., being able to buy and eat more food), and being thin tied to being less fortunate (e.g., not having enough money to buy a lot of food), others noted the opposite. These other adolescents expressed that being thin is considered a sign of wealth, noting that wealthy women in Mexico have enough money to eat healthier foods and have time and money to go to the gym and

exercise. Further, a few adolescents expressed differences in wealth and physical appearance, noting that those women who are wealthy seem to not only be thinner, but also display lighter features (e.g., whiter-toned skin and green/blue eyes, compared to women who work in the *mercados* (markets), who have darker-toned skin and brown eyes). When asked to provide their perceptions of women in the U.S. versus women in Mexico, some adolescents expressed that women in the U.S. seem to spend more time on their physical appearance (e.g., spend more time applying make up), and dress in higher quality clothing (e.g., no holes in their clothing; clothing is purchased new as opposed to used or hand-me-downs from family members). A few adolescents noted that they considered women in the U.S. to be “skinner” than women in Mexico, whose body sizes range from “skinny” to “fat”. Magda discussed the influence that physical appearance has on women in Mexico, noting that women in Mexico are “Not so pretty, I guess, well sometimes. Because they think they’re so overweight they’re not going to get a boyfriend. And like, maybe they’re like that forever.” It is important to note the potential influence of family on these perceptions, as these views are shaped by their exposure to Mexico through visitations with family members in Mexico and the U.S., and their own experiences in the U.S.

A few adolescents expressed a communication of body acceptance within their culture. Jocelyn, Amelia, and Elizabeth reported that they felt their body size is accepted by Mexican culture, given their perception of tolerance for more body diversity within this culture. Of note, Jocelyn expressed identification with both Mexican and American culture, and Amelia and Elizabeth reported more identification with Mexican culture. While these three adolescents expressed feeling that their body size was accepted by Mexican culture, other factors seemed to influence how satisfied they were with their body size, indicating the utility of exploring other

potential influences, including individuals in their lives that provide both direct and indirect messages about overweight and physical appearance. Discussion of these individuals are presented in the following chapter (Chapter 7).

Media. In reference to **media**, the most salient visual media outlet for these adolescents was television, with very few adolescents stating that they read magazines. While adolescents in this sample endorsed using social media (e.g., Facebook; Snapchat; Instagram), most shared that they like social media because they are able to use it as a way to communicate with friends and family (in the U.S. and in Mexico), and to follow events that interest them (e.g., following a band on social media to find out when they will be in concert in their area). Maite was the only adolescent to express some ambivalence about social media, noting that she likes using it; however, she perceives that social media is a source of “drama” in relationships (both romantic and friendships), and that many people use social media for “attention”, and wanting to be “the prettiest girl”.

With regards to television, the adolescents noted that they watch television programs in both English and Spanish, with most stating that they watch more English-speaking than Spanish-speaking television. Out of the 9 adolescent participants, 6 reported watching television “a lot”, while the other 3 noted that they “don’t really watch TV a lot”, stating that they prefer to read or spend time with friends. Most adolescents noted watching teenage drama shows and sitcoms on English-speaking television by themselves or with a friend, and *novelas* (Spanish-speaking soap operas) and variety shows on Spanish-speaking television with family members (e.g., mother; grandmother; siblings).

While the adolescents differed in the amount of television they watched, they all noted that the majority of these women are thin, dress well (e.g., wear clothes that are form-fitting and on-trend), and are presented as the “ideal” of what women should look like. As Jocelyn noted, “they [television producers] make them [women in television programs] seem like if you’re not them, then like, you’re nothing, so to speak.” Adolescents expressed that this presentation of women in media occurs in both English-speaking and Spanish-speaking television. While a few adolescents reported that Spanish-speaking media (e.g., *novelas*) show women with more “curves”, these curves seemed to be represented through a big bust size and big buttocks and proportionally smaller waists. When providing descriptions of the overall body of these women, these adolescents noted that these women were “skinny”/ “thin”. While most of the adolescents noted that the women in media are made out to be “perfect” with aid (e.g., make up and cosmetic surgery), the influence these women had on their self-perception varied. A few adolescents reported that they do not feel they have to “look like” these women, because they feel it is important to “stay true” to themselves. Others communicated a desire to change their bodies when comparing themselves to these women.

Some of these adolescents communicated the influence body size has on the manner in which characters are portrayed on television. Specifically (in both English-speaking and Spanish-speaking media), actresses who are heavier do not play a main character on the show, and are usually presented as less glamorized (i.e., their hair is styled more simply; less make up used; clothing options are more simple) than their thin counterparts. For example, Rebeca noted that on the English-media she watches, she sees that some women are skinny, and some, like a character named Trisch on *Austin and Ally* [a sitcom on the Disney Channel], are chubby. She shared her perspective on Trisch, noting that “[Trisch] doesn't care about her body”, she is “chubby...her

hair is frizzy”, and she wears “plain” clothing on the show. Rebeca shared that she feels “bad” for Trisch, and thinks that Trisch feels “sad”, because she is overweight. This author has seen snippets of this show in the past, and the character Trisch seems to be portrayed in a different light than her co-stars. For example, the other actresses on the show are more "done up" (e.g., wear make up, wear more form-fitting clothing, hair done up) and Trisch is presented in a more homely manner (e.g., clothes are jeans and T-shirt, which are loose-fitting; appears to have minimal make up; curly, black hair in one braid or loose). Overall, media seems to leave these adolescents with the impression that a thinner body size is idealized, and that body size is an influential factor in how characters are portrayed on television.

Micro Contextual Factor- Adolescent Receiving Treatment for Obesity

As the intention of the study was to examine the messages Mexican and Mexican American adolescents with obesity receiving treatment for obesity receive, it is important to address when their **overweight became an area of concern**, their views of their current treatment (i.e., ACES and/or TEEN group), and the goals they have for themselves as participants in a weight management intervention. This micro condition is helpful to present, as their obesity and participation in a weight management intervention plays a role in the messages they receive from others and their self-perception.

Weight as an area of concern. While some adolescents in this sample noted that they have “always” been overweight, all adolescents expressed that they noticed their weight gain became an area of concern during late childhood to early adolescence (i.e., ages 9-13). Adolescents and their mothers expressed that as the adolescent began to gain more weight, they received feedback from physicians treating the adolescent that their weight was “an issue.” For two adolescents (Magda and Rebeca), this feedback was provided within the context of their

diabetes treatment (e.g., their weight needed to be addressed through increased physical activity and healthier eating in order for their diabetes to be better managed). The majority of adolescents and mothers stated that their physicians helped them with referrals to nutritionists and/or various weight management programs in the area (e.g., ACES weight management clinic; TEEN group; multidisciplinary obesity group interventions). A few mothers looked for resources on their own that would help address their daughter's overweight, including participation in supportive group programs (i.e., Weight Watchers). Some mothers also noted that they began cooking healthier meals for their daughters, which involved researching on the Internet for healthier recipes.

Views of current treatment. As noted in Chapter 4, most adolescent participants are patients of ACES weight management clinic, with two participating in ACES and TEEN group, and two participating in only TEEN group. Further, for the majority of adolescents, ACES/TEEN group is their first experience participating in a weight management intervention for their obesity. Overall, adolescents and mothers expressed satisfaction with their current treatment program (ACES and/or TEEN group). Most reported feeling supported by the professionals involved in the two programs, and noted that they have “learned a lot” regarding healthy eating and physical activity.

As part of the ACES and TEEN group, the height and weight of participants are measured. Within the ACES program, the participants expressed that their waists were also measured, and their picture was taken during the first appointment. While most noted that they were “fine” with being measured by ACES and TEEN group staff, a few expressed that the experience was “weird” and/or “awkward”. As Maite noted, “It was weird because I’d never experienced that before.” She went on to say that she also felt “weird” because there were “many people like different categories [of professionals] talk to me about different stuff.” Elizabeth

expressed similar sentiments, noting that the whole experience made her feel “awkward”, including the measuring process:

Elizabeth: I felt awkward when they were weighing me and measuring my waist. I felt weird, like I didn’t want them people knowing my weight.

Interviewer: Yeah. It’s like you’re kind of on display, huh?

Elizabeth: Yeah.

As these adolescents expressed, participating in a weight management program can bring about experiences that they have never had before (e.g., receiving encouragement and support with healthy living changes; having their waist measured; meeting with multiple professionals within one appointment), which are situations that their non-obese peers may not experience.

Goals for participating in obesity intervention(s). Adolescents and mothers discussed goals they have for the adolescent’s participation in ACES/TEEN group during their individual interviews with this author. An overview of these goals is presented below (for detailed information, please refer to Table 4: Goals for Adolescent’s Participation in Weight Management Program).

The majority of adolescents discussed goals suggesting a desire to *live a healthier lifestyle*, including learning how to eat healthier and increase their physical activity. The other adolescents in the sample noted that their goal for participating in ACES/TEEN group was to *“lose weight”*. It is important to note that all of the adolescents expressed a desire to lose weight; however, their specific goals for the ACES/TEEN group seemed to fall under the two groupings outlined above. The reasons the adolescents discussed wanting to lose weight are discussed in more detail in Chapter 9.

The adolescents were also asked about the goals they perceived their mothers had for them as participants in ACES/TEEN group. Some adolescents shared their perception that their mother's goal for them is to lose weight, while others communicated that their mothers would like for them to learn how to live a healthier lifestyle. A few adolescents noted that they were not sure about the goals their mothers had for them, and others noted that they believed their mothers had a goal of being able to help the adolescent with healthy living changes.

Mothers communicated a desire for their daughters to lose weight, relating this goal to their daughter's physical health (e.g., reducing risk for diabetes) and mental health (e.g., feeling better about herself). Further, some mothers expressed a desire for their daughters to learn how to eat healthier and exercise, noting their hope for their daughter to understand the role these habits play in their ability to manage their weight. Table 4 (below) provides descriptive information using the words of each mother-daughter dyad about the goals they have for the adolescent's participation in ACES/TEEN group.

Table 4: Goals for Adolescent's Participation in Weight Management Program

Adolescent	Goal for self	Perception of Mother's goals for her	Mother	Mother's goal for daughter
Jocelyn	"Being more cautious with what I eat."	"To lose weight to the point where I feel comfortable with my body."	Andrea	"To learn how to eat better and how exercise plays a role in keeping her weight down, so that she keeps her risk of diabetes low."
Eloisa	"I'm trying to get to my average weight that I'm supposed to be."	"For me to lose weight."	Norma	"For her to lower her weight, for her to feel better, because I don't, I see her with a really low mood."

Table 4 (cont.)

Adolescent	Goal for self	Perception of Mother's goals for her	Mother	Mother's goal for daughter
Yanet	"To eat more healthier, like, keep up with my eating right. And then, like, exercise."	"To stay with the changes I have made and how she can help me with it."	Mariana	"To continue with the eating and exercise changes she has made."
Magda	"I'm working on how do I lose weight because I really want to fit on this dress for my quinces."	"To eat healthy and to help me."	Margarita	"To lose weight and be healthy."
Maite	"I guess having a healthier lifestyle"; "eating healthy and exercising"	"I really don't know."	Barbara	"That she realize that she can accomplish her goal, to feel good about herself, accept herself as she is, and that she can lose weight, learn how to eat healthier."
Amelia	"Just to make my plate healthier, to understand more of what I'm supposed to eat and stuff like that."	"To eat healthier."	Sofia	"That she make good decision with regards to eating, that she learn the importance of exercise in her daily life, and well, learn to read the labels and make intelligent decisions with regards to food."
Bianca	"To lose weight"	Shrugged when posed question	Natalia	"For my daughter to lose weight, and that she feel good about herself as she is."
Elizabeth	"Learning how to eat healthier, and exercise more."	"To have a healthier lifestyle."	Gisela	"That my daughter learn self-control with food."

Table 4 (cont.)

Adolescent	Goal for self	Perception of Mother's goals for her	Mother	Mother's goal for daughter
Rebeca	"To lose weight"; "to learn more to have no more greasy food"	"Don't know."	Sonia	"I want us to learn how to cook with less oil."

Chapter Summary

Mexican and Mexican American adolescent females with obesity in this sample discussed relevant macro and micro contextual factors that are suggestive of the messages they receive about their physical appearance, including their physical size and their self-perception. The macro contextual factors were the abstract sociocultural factors of culture and media, and the micro contextual factor was the adolescent receiving treatment for obesity. A discussion of the context in which these adolescents exist is essential in order to gain a more comprehensive understanding of the dialectical messages provided by others in their lives, and the adolescent's self-perception. Discussion of the dialectical messages themselves and the sources of these messages is presented in Chapter 7.

CHAPTER 7

DIALECTICAL MESSAGES AND PERSONAL SOCIOCULTURAL FACTORS

This chapter presents the dialectical messages the adolescent receives from her personal sociocultural factors. As noted in Chapter 5, the messages adolescents receive appear to be dialectical (i.e., integration of two opposites as truth (Miller, Rathus, & Linehan, 2006)), as the messages received communicate, “being overweight is undesirable” and to “accept yourself.” These types of messages are detailed below. Discussion of the unique manners in which mothers communicate these messages to their adolescent daughters is presented in the second half of this chapter.

Dialectical Messages

As noted in Chapter 3, the messages adolescents receive appear to fit into two categories: “being overweight is undesirable” and “accept yourself”, which seem to be representative of the connotations underlying these messages, given the content of the messages. Further, these messages are communicated to the adolescent from her mother, the adolescent herself, other family members (e.g., siblings; father; grandmothers; uncles), peers/friends, and medical providers. These dialectical messages are outlined below, including presentation of the unique ways mothers communicate these messages to their adolescent daughters (i.e., constant vigilance and mother as model). Of note, adolescents’ reactions (i.e., emotional; cognitive; behavioral) to these dialectical messages are presented in Chapter 9.

Being Overweight is Undesirable

With regards to the message, “being overweight is undesirable” two properties of this message seemed to emerge from the data. These properties, “being overweight is undesirable”

for aesthetic reasons, and “being overweight is undesirable” for health reasons, are detailed below.

Being overweight is undesirable-aesthetics. As noted in Chapter 2, many overweight youth endure comments from others about their physical appearance, including their body size. These comments, per the literature, tend to ascribe negative attributions towards the youth’s physical appearance (Jelalian & Hart, 2009; Pierce & Wardle, 1997). The data suggests that adolescents face similar comments from others in their lives, including themselves. The comments connote that their physical size, including their body size, is undesirable, as the comments appear to cause distress within the adolescent (e.g., feeling upset; hurt; poorly about self). A few adolescents in this sample expressed receiving comments referring to their physical size as undesirable by peers at school, and subsequently feeling bullied at school. Eloisa recalled an experience she had when she was in 6th grade:

Interviewer: And, what kind of things were you told when you were bullied in 6th grade?

Eloisa: The girl...she...we used to go to the library, and she got this whale book, and kept saying that was me. And, her friend said that.

Bianca’s mother, Natalia, noted that her daughter faces similar experiences at school. She expressed,

Natalia: ...she would say that they [school peers] were saying she was chubby, and they would call her elephant and whale, and a lot of stuff like that.

I: And, that started about how long ago?

Natalia: It started since she was in middle school.

For some adolescents, these comments have come from siblings. Bianca, for example, notes that she has endured comments from her siblings about her physical size that left her feeling upset. She expressed,

Interviewer: And, what are things that upset you?

Bianca: My brothers.

Interviewer: And what do they do to-

Bianca: They bother me.

Interviewer: And, what do they do that bothers you?

A: Ehm, they call me fat.

Magda has faced similar comments from her 21 year-old older sister. Magda expressed, “my sister tells me that I’m fat and ‘should lose weight’. She tells me that.” Eloisa expressed receiving similar feedback from her siblings. She stated, “...with my siblings, they call me fat. Like, in the meanest way”. Norma, Eloisa’s mom, noted, “her brothers, well, they fight. She says that they say mean things to her in English, like, ‘fat ass’, and stuff like that”. Norma went onto speak of occasions in which her 10 year-old son “would say to his friends that his sister [Eloisa] was fat, that she weighed I don’t know how many pounds”, which have led to challenging interactions between Eloisa and her younger brother.

Further, a few adolescents expressed thinking to themselves that they should “lose weight” while at school, after seeing other female peers and comparing their physical appearance, including their body size, to these peers. For example, Elizabeth noted that she sees female peers at school, and tells herself that she is unable to wear the types of clothing they wear, as they are thin and she is not. When asked to describe an “ideal adolescent”, Amelia expressed

that the adolescent would have “Good thighs that are like toned but not so they have a huge gap between them but sized like – I don’t know – medium sized I guess”. Further, she noted having a desire to change the appearance of her own thighs so that they would be more “toned”. When asked about influences to the description of the ideal adolescent, Amelia noted,

Amelia: ...one of my friends I really like her legs, and another one I really like her arms.

Interviewer: And what about those things do you like? Does that make sense? So what do you like about your friend’s thighs, what do you like about your friend’s arms?

Amelia: They looked toned, muscular. Kind of like that.

Some adolescents in this sample also receive this message from other family members, including paternal grandmothers, paternal grandfathers, stepfathers, and paternal aunts. For example, Elizabeth recalled receiving comments from her paternal grandmother that she would be more physically attractive if her body size were smaller (a more detailed account of this example is provided in Chapter 11). Andrea, Jocelyn’s mother, noted that Jocelyn’s stepfather has told Jocelyn, “He’s like, ‘you’re getting fat. You’re gaining weight’”. Margarita, Magda’s mother, discussed similar feedback her adolescent daughter received from her paternal aunt. She noted,

Interviewer: And, I would like to ask you, eh [pause], thinking about Magda, what types of comments has your family or other people made about Magda’s body?

Margarita: Magda’s?

Interviewer: Aja.

Margarita: Before, well, when we would go to Houston, my sister-in-law would tell her that she was fat.

Of note, mothers in this sample provided similar feedback to their adolescents. However, some of these comments seemed to be influenced by the adolescent's reaction to her direct constant vigilance (discussed in Chapter 10). Some mothers also expressed to their daughters that "being overweight is undesirable" for aesthetic reasons by providing feedback that communicates that clothing options are a limitation for their daughters because of their physical size. It is helpful to note that mothers deliver these messages to the adolescent as a source (i.e., provide messages directly to the adolescent without her expressing dissatisfaction or frustration with her physical size) and resource (i.e., delivering messages in response to the adolescent making a comment connoting frustration with her physical size). Some mothers shared that they provide feedback to their daughters about their clothing choices, recommending their daughter's wear certain clothes to accommodate their physical size. As Barbara illustrated,

When we go to the store and she tries on a dress, and sometimes it's that she wants to put on a dress that is too short, and I tell her, "Maite, that dress doesn't look good on you. You're chubby, that doesn't go with your personality."

It is important to note that a few mothers discussed their preference for their daughters to dress with modesty; however, the examples they provided also communicated that some clothing does not flatter their daughter, attributing this to the adolescent's physical size. For example, Magda's mother, Margarita, expressed that she prefers for females, including her daughter, to dress "modestly" (e.g., "clothing that is not showing 'everything'"). As the interview progressed, Margarita recalled a time in which she communicated approval of her daughter's clothing

choices, relating this approval to the adolescent appearing slimmer in these clothes. Margarita shared, “She [Magda] just bought two dresses now when school ended. And I tell her, ‘you look thinner with dresses’”. Further, Amelia noted being provided feedback by her mother when she wears certain clothing. She expressed,

She [my mom; Sofia] sometimes says when I wear shorts she’s like, “You shouldn’t wear that because” – she always says *vas a... los hombres te van a quedar viendo, so no te pongas eso* [men are going to stare at you, so don’t put that on]. And like stuff like that. So I’m just like, “Okay.”

Sofia shared that while she does tell her daughter when clothing does not fit her well, or is not flattering on her body, her feedback is influenced by Amelia’s physical size as well as her desire for Amelia to dress appropriately for her age. Sofia elaborated,

I think it has also to do with that- I don’t know, I’m a little conservative, so yeah, for me, I don’t like her showing, for example, too much leg, or her chest, because I always tell her that everything has to go with her age.

Some mothers also expressed providing feedback to their daughters about their clothing choices after their daughters noted frustration with clothing options to accommodate their physical size. Gisela, for example, tells her daughter what types of clothing would look more flattering on her, especially when Elizabeth expresses discontent when she is unable to find clothing in her size. Barbara noted providing encouragement to her daughter to adopt healthier lifestyle choices so that she could wear the clothing she would like to wear. Further, Barbara expressed utilizing purchasing a quinceanera dress for Maite as a motivator for her daughter to

lose weight. She recalled telling Maite, “It’s that you have to lose weight for when you turn 15 years old, to be able to gift you a dress that will fit you really nicely”.

Lastly, a few mothers in this sample also provided the message that being overweight is undesirable for aesthetic reasons by asking their daughters and preparing their daughters for potential emotional distress from being treated differently for their body size. For example, Barbara notes that she has asked her daughter about whether she is made fun of at school because she is chubby:

I always ask her, “Maite, do they make fun of you at school? Maite, have they [classmates] insulted you or made fun of you because you’re chubby?”, and she tells me, “No mami, and if they make fun of me, I’m not going to let them get away with it.”, she tells me [laughs], I tell her, “You don’t have to reach those extremes, you don’t have to fight, it’s more that I don’t want you to let anyone hurt your feelings.”

She also inquires about body sizes in Maite’s dance class, to help ensure that her daughter is not the only individual with her body size that is represented. Barbara expressed,

...in her dance class, so I would tell her, “Maite, are there other chubby girls too or skinny ones, or what?”, not necessarily to tell her “It’s that you’re fat”, she would tell me: “Well, there’s all types in the class, there’s no problem”, and I would tell her, “Ah, well that’s good”.

Andrea communicated that she finds it important to prepare her daughter from possible emotional distress by discussing with her the possibility of being treated differently (i.e., poorly) by others because she is overweight. Additionally, Andrea noted the challenges these types of conversations pose for her as a parent. She noted,

When I talked to her, I say, baby, some people, they're mean and they'll say things, and I don't want them to say something mean to you, I say [...] So, it's difficult because you kind of want to make them aware that there is a possibility that someone will say something to offend them about their weight, so to prepare them. At the same time, you don't want them to feel like, "well, are you judging me?". So, it's kinda hard to really, really tell your child in a way that they don't feel offended, but yet they take it as, "well, my mom is telling me because she loves me".

As noted above, adolescents within this sample are provided messages communicating that being overweight is undesirable for aesthetic reasons, including others calling them "fat", and communicating clothing limitations due to their body size. They receive these messages from various sources, including their mothers and siblings. Further, a few mothers engage in discussion with their daughters to ask about and prepare them for potentially being treated differently because of their body size. As noted earlier, adolescents also receive messages that being overweight is undesirable for health reasons. These messages are outlined below.

Being overweight is undesirable-health. Along with receiving messages that being overweight is undesirable for aesthetic reasons, adolescents in this sample were provided messages that being overweight is also undesirable for health reasons, mainly, health complications that can arise from being overweight and living an unhealthy lifestyle. The data suggests that the main personal sociocultural sources that provide this message to these adolescents are medical providers and their mothers. Mothers communicate this message to their adolescent daughters through the use of themselves as models (**mother as model**) and through the use of **constant vigilance**. Discussion of the messages provided by physicians and mothers to these adolescents is provided below.

Most adolescents in this sample expressed receiving feedback from their medical providers that they were overweight. While the majority of these adolescents reported receiving support from their medical providers with regards to living a healthier lifestyle, including eating healthier and increasing their physical activity, a few noted having experiences in which they were offered less support. As Jocelyn noted,

Interviewer: And, where else have you gotten feedback about your physical appearance, in terms of medical providers, like doctors, nurses?

Jocelyn: It would have to be my doctors. But, it was more like, hey, you're gaining weight too fast, and it's not good for you, so you know, it wasn't really like, oh, we're gonna help you. It was more, just like, you need to get it on track.

A few adolescents noted that their physicians provided feedback associating body size to improved management of their chronic health condition (e.g., diabetes). For example, Rebeca noted that her medical providers have suggested that she “lose weight” so that her diabetes could be better controlled. Other adolescents noted that their physicians related their overweight to being at increased risk for chronic health conditions. Jocelyn expressed, “A couple of my doctors, they basically feared that I would...because my family has history of diabetes, and they wanted to see if they could put a stop to that by helping me manage my weight”.

As noted above, mothers appear to have distinct manners in which they communicate to their daughters that overweight is undesirable for health reason. These include the use of constant vigilance and using themselves as models (mother as model) for their daughters, which are discussed below.

Constant vigilance. Constant vigilance is the name the author has given a behavior that emerged from the data. Using constant vigilance, mothers engage in what involves a continuous observation of changes in their daughter's body size and lifestyle habits with regards to nutrition and physical activity. Mothers appear to engage in constant vigilance in covert (e.g., observation) and overt (e.g., discussing their observations with their daughters) ways. It is important to note that although others in the adolescents' lives make demanding statements (i.e., siblings, grandmothers, fathers) to them about their body size and lifestyle habits, the data from this sample suggests that the mothers are the primary individuals who engage in this practice of constant vigilance with their daughters, constantly reminding them of healthy living habits and observing their daughters' body size. A possible explanation for this is that since the mothers are the parent who most often goes to the clinics and/or group meetings with the adolescent, and is the person who primarily cooks in the home, they may be the ones who spend the most time informing themselves regarding their adolescent's behaviors, and are more vigilant as a result. This possible explanation is based on mothers in this sample discussing being responsible for the cooking in their home and being the caregiver who goes to ACES clinic/TEEN group with the adolescent, as well as my previous clinical experience working with Mexican/Mexican American families at ACES weight management clinic (when discussing division of responsibility in the home regarding cooking). Furthermore, it is important to highlight that mothers do not only utilize one form of constant vigilance (i.e., only providing suggesting vs. demanding statements; defined below); rather, they use a variety of these messages to communicate their concern for their daughter.

Mothers explained that they may not always ask their daughters for their weight, but they remain observant of how their daughters look physically. One mother (Gisela) explained that she

remains observant of her daughter Elizabeth's body size as a way of monitoring her gaining weight. She stated,

Gisela: I notice her- I mean, when she's getting fatter with weight, because all of it comes here to her face, this right here [points to own neck], when I see her.

Interviewer: Her neck?

Gisela: Her neck. And when I see her, I say to myself, "Oh my God," I only look at her and say to myself, "She's getting fatter", because this right here [points to own neck] it's when it gets like this [expands hands over neck to suggest growth in this area]; and then it's like- I don't know, it's like she starts- right when she stops, with gaining weight, it's something that, it's like everything gets back to the same proportions. But while she's in the process, sometimes when she gains weight, that's when I notice that she's getting fatter, because everything from here [points to neck and face; expands hands to suggest growth in these areas]...she carries everything here [moves her index finger up and down own face and neck].

As noted earlier, mothers are also continuously aware of and attuned to their daughter's eating (e.g., remind the adolescent to measure their food before eating; remind them to be mindful of what they are eating) and physical activity habits, and bring up their observations and recommendations to their daughters in direct ways. The data indicates that these take the form of *suggesting statements, demanding statements, and praise*. Suggesting statements communicate to the adolescent that the mother has the adolescent's best interest in mind, including the importance of the adolescent's health in mind ("I try to tell her in a way where she looks at it as, 'okay, I need to take care of myself because I may have other health issues'" -Andrea). Demanding

statements denote what the adolescent daughter SHOULD do or should NOT do with regards to their eating and physical activity habits (e.g., "you're sitting in front of the computer to play or be on Facebook...that's not helping you any"; "Don't eat so much"). Praise involves a mother commenting on her daughter's efforts that she is making regarding her eating habits and exercise, taking the form of *efforts-based praise* (e.g., remarking on their daughter's attempts to integrate healthy eating and physical activity into their daily lives), and *appearance-based praise* (e.g., commenting on their daughter's weight loss and changes to their body shape; noticing that they are able to fit into pants they have not worn for a while).

As cited by Andrea (Jocelyn's mother), she notes trying not to "constantly remind" Jocelyn about maintaining healthy living habits; however, Andrea notes that she is always observant of Jocelyn's body size, providing appearance-based praise for her accomplishments with regards to healthy living, "I try to acknowledge her accomplishments with her weight right away. Even when she notices things, I'm like, 'that's good baby'". It is important to note that a few of the mothers utilized efforts-based praise after providing appearance-based praise to their daughters as a form of reinforcing the actions their daughters have taken to live a healthier life. For example, Andrea notes that she has told Jocelyn, "...you look good in those jeans. They fit you good. You know, when you take care of yourself, you feel better."

Mothers in this sample indicated that they are attempting to be of help to their daughters by observing and commenting on changes to their physical size and their healthy living lifestyle habits, as they do not want their daughters to suffer from health complications related to obesity (or enter into further health complications). Some mothers noted that they would like for their daughters to develop self-control over food/their eating habits, which is a reason why they are observant of their eating habits. In addition, while mothers noted that it is challenging to talk

with their daughters about their weight and healthy living habits, they continue reminding their daughters to engage in healthy living habits for the betterment of their health. As Natalia notes through her use of demanding statements with her daughter:

Natalia: Sometimes I am hard on her because...I tell her, “don’t eat that, daughter, because that’s bad for you, or it has too much fat”. I tell her, “don’t eat that because you are going to get fatter, daughter”, that’s how I tell her.

Interviewer: And for you, how much...do the comments that you make to her come from a place of being worried about her health, and how much does it come from being conscious of her physical size?

Natalia: It’s coming from a place of being worried about her health. I want my daughter to be healthy.

While mothers may engage in constant vigilance due to concern for their daughters being overweight, one mother discussed the importance of this maternal behavior in more broad terms. Sofia, Amelia’s mother, believes that being mindful of a child’s health and nutrition should be universal to all parents and children, not just for overweight children and their parents:

If I see that my daughter is always thin, then maybe I...I have friends that say that they let them [their children] eat sweets, things that are not healthy, because they don’t see that they are getting fatter; and maybe because I have a daughter who I see having problems with her weight, and whatever she eats is making her fat, well, I take more care of her because I say to myself, “Well, you know what? Eat less, or don’t eat things with sugar, or etcetera, because you could gain weight”, and I think that this has to change also. Just because you are not fat does not mean that you are healthy either.

As outlined above, mothers within this sample engage in constant vigilance in a variety of manners. Adolescents' reactions to these various types of constant vigilance, along with their mothers' reactions to their daughters' reactions are presented in Chapter 10.

Mother as model. As noted above, mothers also utilize themselves as models for their daughters to communicate that being overweight is undesirable for health reasons. A few mothers in this sample seem to communicate this message indirectly (i.e., through adolescent's observation of her mother's behavior) by living a healthy lifestyle (e.g., eating well and exercising). Barbara expressed the importance of providing a model of healthy living for her children through her actions. She shared,

I want my kids to see that, well, it's important to take care of their appearance too, above all, for health. I take care of what I eat, I like to eat good, that they see what they can do themselves to feel good about themselves.

Further, Maite expressed noticing Barbara's habits, perceiving them as habits that are influenced more by being healthy than by aesthetics. Maite noted,

Maite: [...] she [my mom] always takes care of her body. She doesn't like – she doesn't feel comfortable eating junk food and stuff like that. 'Cuz that's not her nature. She's always made healthy decisions.

Interviewer: Do you think it's to be healthy or to be thin?

A: I think it's to be healthy because she was like, "I could gain weight and still be healthy, it doesn't matter."

Additionally, Amelia noted observing that her mother cooks “healthy stuff, like brown rice and tofu”, along with researching for “healthy breakfast smoothies”, in order to remain healthy.

The data also suggests that many mothers communicate this message directly- through conversations with their daughters where they utilize themselves to illustrate the health consequences of being overweight and making unhealthy eating and physical activity choices. Based on personal experience, these mothers noted that making unhealthy eating and physical activity choices have consequences, and expressed the desire to prevent their daughters from enduring the health complications that they face, including kidney infections, diabetes, high blood pressure, high cholesterol, fatigue, joint pain, and depression. For example, Andrea expressed wanting to be transparent with Jocelyn about the health challenges that can result from being overweight. She noted,

And, I tell her [Jocelyn], it’s like, you know, sometimes...I don’t know, I’m real honest with her. I tell her, I don’t want you to have the same problems, the same issues I have. I think that’s when mostly I make comments about myself. I tell her, I don’t want you to suffer in the way I’ve suffered, and stuff like that.

Margarita and Sonia share similar struggles with their daughters, as they both have diabetes and kidney disease, which both attribute to being overweight and making unhealthy nutrition choices. Sonia shared that she developed kidney disease from drinking too much soda (“Five bottles, I would drink in the morning, at lunch, dinner, and at midnight, almost everyday”). She noted talking with Rebeca about the consequences of her actions:

That's why I got sick, because I think, it was because of the soda. And I got sick from my kidneys, so I said to myself, no more soda in the house. I tell her [Rebeca]- you see what happened to me? I don't want that to happen to you.

Adolescents within this sample are provided messages connoting that being overweight is undesirable, both for aesthetic reasons and health reasons. Further, the data suggests that mothers within this sample implement the use of constant vigilance when providing messages communicating that being overweight is undesirable for health reasons. The next section of this chapter discusses the second category of messages adolescents receive, "accept yourself".

Accept Yourself

In addition to receiving messages of overweight being undesirable for aesthetic and health reasons, the data revealed that the adolescents in this sample are also provided the message about the importance of accepting and being content with themselves as they are, to consider themselves to be "pretty" and "comfortable" in themselves "inside and out" (i.e., their personality and physical characteristics). The message of "acceptance of self" appears to be delivered with the intention of increasing the adolescent's self-concept, and/or providing comfort to the adolescent when they are feeling emotionally distressed or they are expressing self-doubt about their appearance. This message is provided by a variety of individuals in the lives of these adolescents, including their extended family members (e.g., cousins; uncles; aunts), friends, and their mothers). For example, Eloisa expressed receiving this message from her older cousin, after receiving a picture via text message from a friend that hurt her feelings. Eloisa shared, "I screenshoted her [my older cousin] the picture, and she says that there's always someone or

somebody that likes you in the world, and that, um, you're okay just how you are, and do not change".

Magda expressed that her friends tell her, "You're just perfect. Don't change it" when she shares what she thinks about her body size with them (i.e., "I say like I think I'm losing weight. I think I'm gaining weight"). Further, Maite and Elizabeth reported receiving comments that they are "pretty", by their aunts and peers at school, respectively. As Chapter 9 discusses, adolescents' body image self-schema appears to influence their internalization and interpretations of messages received.

While this message of self acceptance is provided by a variety of individuals in the adolescent's life, mothers noted the importance of delivering this message to their daughters by speaking with them directly (direct conversation), and also indirectly by serving as a model (mother as model) for their daughters by accepting themselves as they are. These concepts are detailed below.

Direct conversation. The data indicated that some mothers provide the message of "accept yourself" to combat the messages received from others, such as school peers and siblings, that being overweight is undesirable. Natalia noted that she and her husband attempt to provide this message to Bianca when she expresses being teased at school. Natalia recalled:

Natalia: She says the kids say mean things to her at school. She says they call her "whale" and things like that, and she cries.

I: What do you say to her when she tells you about these experiences?

Natalia: Well, her dad and I tell her that there's no reason for her to feel bad about her figure, about how she looks. That we love her just as she is, and she has no reason to be

sad, because there are a lot of people in the world who have a lot of defects, or that they're in a wheel chair, and then, they're trying to get ahead, and...how do you say...they can't, they have a condition that doesn't let them work. And them, even with that, face life with happiness. And all of that we tell her.

Interviewer: So, she's receiving comments about...from you both, telling her how important she is to you.

Natalia: Yes. And that she accept herself as she is. Because if one does not accept oneself as one is, we don't love ourselves. I tell my daughter that.

Further, mothers noted the importance of communicating to their daughters the importance of being secure in who they are, both physically and personality-wise. As noted by Barbara, "I say [to Maite] you have to accept yourself with how you look, have self-confidence, enjoy your childhood, to be yourself and not try to adapt your personality to what someone else wants."

Mother as model. The data suggest that a few adolescents also receive this message of self-acceptance indirectly from their mothers by the behaviors they observe their mothers demonstrating with regards to how they carry themselves and talk about their bodies. The author has termed this "mothers as model". This seems to inspire daughters to continue with healthy living changes and have confidence in themselves. As noted by Amelia:

Amelia: My sister always makes fun of her [my mom; Sofia] about how she has two bellies because- she makes fun of her stomach because I don't know, her fat makes it look like she has two stomachs. So she always makes fun of that.

Interviewer: And how does your mom react?

Amelia: She makes fun of it too, herself. Like she talks about it and stuff.

Interviewer: Gotcha. What would you want your mom to say about her body?

Amelia: I think what she says is normal cuz she's joking around. She is really a confident person, so you almost will never catch her bringing herself down or bringing others down.

Interviewer: And how does she demonstrate confidence to you? How do you know that she's confident? How can you tell?

Amelia: Well, she talks a lot. She always is the one that brings the, el ambiente [the energy/vibe], to stuff. She has no hold back on anything whatsoever. If you want to go and run a 5K, she will go and run the 5K, even if she doesn't run, she will walk it. I don't know, she'll always find a way to do something and nothing will hold her back.

Natalia, Bianca's mother, noted that she communicates to her daughter that she accepts herself as she is by continuing to work on making healthier living changes, and loving herself as she is. She noted,

Interviewer: And, how much do you love yourself as you are?

Natalia: I love myself enough.

Interviewer: And, what do you mean by that? What is enough for you?

Natalia: Enough is to love myself like I am, to leave those bad habits behind, like how much I eat.

As outlined in this section, adolescents are provided messages communicating the notion of self-acceptance. They are provided these messages from their friends, extended family

members, and mothers. Mothers communicate these messages through conversations with their daughters and serving as a model. The next section provides information about the dialectical nature of these messages.

Dialectical Messages

The data revealed that adolescents in this sample receive messages that communicate the dialectic of being overweight as undesirable and that the adolescent accept herself. These messages seem to be most commonly expressed after the adolescent talks about her body in a way that others may interpret as the adolescent criticizing her body. These messages appear to be predominantly communicated by friends and mothers in this sample. Eloisa, for example, noted,

Eloisa: Um...my other friends...when I make fun of my weight, they say that I'm...to not call me that and stuff like that.

Interviewer: Oh, okay.

Eloisa: And that they care. They say, like, for example, they said I'm not fat [...]

Maite shared a similar experience with her best friend, Cece, when discussing her "need" to engage in physical activity, one of her ACES goals,

Maite: I'm like *[groans]* I need to start exercising. But I say it in a funny way.

Interviewer: What does she say back to you?

Maite: She's like, "you're not even fat". And I'm just like, "Don't you see this fluffiness?" And she's like, "Girl, I'm fat." And I'm like, "You are skinny as a stick.

Where do you get fatness from?" And then we just make fun of each other in a good way where we don't get hurt and stuff like that.

Lastly, a few mothers appeared to communicate being overweight is undesirable and accept yourself in a dialectical manner through the use of **comparison to others**, particularly when their daughters were feeling poorly about their body size, in an attempt to assuage their daughters' distress. As Sonia illustrated,

One day she told me crying, "Mami, I'm really fat, I'm fat", and she was crying and crying. "No, mi'ja, you're fine, there are people who are fatter than you", and I would tell her that; because sometime when we go to the talk [TEEN group], there are a whole bunch of fat people that go, and I tell her, "Those people are even more fat than you, you're fine, you body is fine"

Adolescents in this sample seem to receive dialectical messages communicating that being overweight is undesirable and that self-acceptance is important. As noted above, adolescents receive these comments when they make comments about their own body in a way that others may interpret as the adolescent being critical of herself.

Chapter Summary

As a Mexican or Mexican American adolescent female participating in a program to address her overweight/obesity, she is exposed to multiple messages from many sources about her physical appearance. These dialectical messages, being overweight is undesirable and accept yourself, are communicated in various ways by the adolescent's personal sociocultural factors. The adolescent experiences various reactions when these messages are communicated to her. Further she is tasked with navigating these various messages. Potential influences of mothers' messages towards their daughters are discussed in the next chapter. Further, the adolescents' reactions and their navigational strategies are outlined in Chapter 9.

CHAPTER 8

EXPLORING THE MODEL – PERSONAL SOCIOCULTURAL FACTORS: MOTHERS' BELIEFS

This chapter outlines the potential influences on the mother's messages to her adolescent about her physical appearance, including her body size. As noted in Chapter 5, the mother data provided additional information which affords a deeper understanding of potential influences on the messages mothers communicate to their daughters. First, the mothers' attributions to being overweight are discussed. Following, the mothers' perceptions about their own adolescent's physical size are presented. Next, the mothers' expressed importance of serving as a model for her daughter with regards to healthy living (e.g., eating and preparing healthy foods; exercising regularly) and self-acceptance (e.g., being mindful of how she talks about her body when with her daughter) are illustrated. Lastly, the mothers' own experiences with being overweight are outlined as potential influences, including each mother's relationship with food and comments she received from her own mother if she was overweight as a young person.

Mothers' Beliefs

Mothers in this sample hold various beliefs with regards to being overweight. These beliefs and attributions may account for the types of messages mothers provide their daughters. These attributions are expressed within the following properties: health (e.g., being overweight increases the risk of chronic health conditions); social treatment (e.g., being overweight results in being treated poorly by others); and aesthetics (e.g., being overweight decreases clothing options). These attributions appear to be consequences mothers attribute to being overweight. Further, the mother data provided information of experiences that may have shaped these attributions, mainly their own experiences with being overweight and reactions from others to their overweight.

Attributions to Being Overweight- Health

Mothers discussed their thoughts and beliefs about the association between being overweight and increased risk for health complications. For example, Sofia shared her view that, “For an obese person, right, maybe I’d say they have more- they could have more cardiac problems”. Further, some noted these health complications through their own experiences, and as noted in Chapter 7, use themselves as examples (mother as model) when providing suggesting and demanding statements (types of constant vigilance) to their daughters when discussing healthy living habits. As Andrea described,

I mean...I’m pretty honest. I tell her. I don’t want her to battle with weight like me. I don’t want her to go through the difficulties, or struggling to put her shoes on [laughs], or not being able to walk or run as far as someone else.

Andrea elaborated that she communicates to her daughter the importance of living healthfully by telling her daughter Jocelyn that she does not want her to “suffer like I suffered” with regards to being overweight and suffer health complications (e.g., diabetes; high blood pressure) as a consequence of being overweight.

All mothers described their concerns that being overweight causes a variety of negative outcomes, especially in young people. Barbara and Norma, for example, described concern that their daughters, because of the excess weight, are at higher risk for diabetes. They shared that they became concerned about this after speaking with their daughter’s physicians about their daughter’s weight. As noted in examples above, for many mothers, their associations with being overweight and health stem from their own lived experiences. For one mother, Gisela, her

associations between excess weight and health have been shaped by her professional experiences. She shared:

The other thing that worries me a lot is that I work at a hospital, and one of the worst- I feel that the worst medical care is often received by people who are very obese, when they are extremely morbidly obese, why? Because the beds don't withstand more than 200 kilos [440.925 pounds]; the MRI's machines they [medical staff] can't get them in; you perform an ultrasound and it doesn't penetrate sufficiently enough; many of the conditions go without being diagnosed correctly, and I see a lot of young [people], 30-25 years old with a lot of problems, and that worries me. That worries me.

As noted by these mothers, their health attributions to being overweight connote negative associations, including poor cardiovascular health and increased risk for diabetes. Further, some of these attributions seem to stem from feedback received from their daughter's physician, their own experiences with health complications due to excess weight, and professional experiences, including observation that much hospital equipment is not designed for those who are obese.

Attributions to Being Overweight-Social Treatment

Some mothers described their associations between being overweight and how one is treated socially. A few mothers, like Barbara and Natalia, shared the potential impact that excess weight has on the social treatment of individuals during childhood and adolescence. Barbara noted how being overweight may shape a female adolescent's social functioning. She discussed,

...Well, unfortunately that [being overweight] makes girls feel insecure, it frustrates them; I mean, they [girls] want to always feel good, in how they look, they want to feel about it; and sometimes their physical condition isolates them from everyone else, and

that also produces that others make fun of these people, that they feel that they can't enter any circle of other people, and it creates a personality that they don't have. Well, I think, right?

Natalia shared her perception that her daughter's overweight has limited her experiences during adolescence. She remarked that Bianca is teased by others, including her siblings and peers at school because of her overweight, and that she "shuts herself in her room, she doesn't want to talk with anyone. She doesn't want to go out". Further, Natalia attributes Bianca not having a boyfriend to her being overweight. As these mothers shared, being overweight can influence how an individual is treated and the social situations they have to endure, which can shape their behaviors.

Attributions to Being Overweight-Aesthetics

All of the mothers discussed their attributions to being overweight and aesthetics, noting the negative manner in which being overweight is viewed, both by society and the mothers themselves. One reason for this is that overweight individuals have limited clothing options. Some mothers have created clothing size and weight "limits" for themselves in order to remain mindful of their body size and excess weight. The aforementioned attributions are listed below.

Societal implications of physical appearance. A few mothers discussed the manner in which they came to view being overweight as undesirable for aesthetic reasons. Sofia, for example, came to this conclusion after her study abroad experience in the U.S. (experience during which she gained 40 pounds; further details provided in Chapter 4):

Sofia: Like, I don't remember ever paying much emphasis on [physical] appearance, until after I got fat I think was when I came to the realization [me di cuenta] that people pay

attention to that.

Interviewer: How did you come to that realization?

Sofia: Oh, the way my family, my uncles, would tell me, “Wow, what happened to you?”; “You got fat”, after I got back [from the U.S].

Similarly, Andrea noted that as she was growing up, she began to associate being overweight with being undesirable for aesthetic reasons. When asked what influenced this association, Andrea stated,

I don’t know...honestly, I...maybe society in general [chuckles]. I think society in general kind of, shun...or maybe hearing comments from people, like, “oh that fat girl,” like, just that...you know, you hear things everywhere, so I think that has a lot to do with that, with having that perception in your mind that that’s unattractive.

For these mothers, feedback from others [directed at them and directed at overweight individuals in general] shaped their view of overweight as undesirable because it is unattractive.

Clothing limitations. As mentioned above, some mothers discussed the struggles one goes through with clothing fitting when one is overweight. Sonia, for example, noted that clothes look better on those who are thinner. As she was discussing her family’s practice of sending clothing to family in Mexico, Sonia stated, “The clothes [we send] fit them [my sisters] better, it looks real pretty on them because they’re skinny, you know. The clothes don’t look good on me because I’m really fat”.

A few mothers discussed the challenge of clothes not fitting, and what they tell themselves as they are undergoing this struggle. For example, Norma noted that she began to have difficulty with her clothes fitting after her weight gain from her pregnancies. She stated,

“Well, because one struggles with clothes, one doesn’t want to change to clothes that are too big because one has the intention, wanting to be with less weight. That’s, it is difficult.” She further conveyed that clothes seem to look better when one is thinner, “...when one puts on clothes, one sees love handles, and not having as much of a tummy, you see the difference. You can wear dresses.”

To combat this struggle, mothers in this sample appear to have developed “limits” for themselves with regards to weight and clothing size. For example, Margarita shared, “I am not going to go over 200 pounds I tell myself”. Gisela provided insight into her reasoning behind not going past a certain clothing size. She stated:

Interviewer: Why was it important for you to not pass from a size 8?

Gisela: I think that- what it is- like what was acceptable to me and not embarrassed- to say, “Ay, I’m a size 10”, you understand? Like a 7 or 8 is more acceptable. You find clothing at a size 7 or 8, and you go from that to a size 14, that is the size I am now, you don’t find clothes, you don’t, and you start to find clothes in bigger sizes. But for me it was more than anything, like psychological, like scrubs, I don’t care- for example, I wanted to buy those Grey’s Anatomy ones, and I always use a large, I’ve never had a problem with a large, or extra large in clothes, but of –

Interviewer: For work?

Gisela: No, regular clothes, large and extra large. And for work I use a large, but I can’t use an extra large, it doesn’t matter that, I can’t use an extra large, because they come really big, and I noticed the in the Grey’s Anatomy I went to look and the only one that would fit me was the extra large, and I said to myself: “there is no way I’m going to use

an extra large in scrubs”. And um, I think that if I get a size that’s bigger I would start to feel more comfortable in that size, and when I least expect it, I’ll fill it out. It’s the same when I look at a pair of pants that’s a size 16, and it fits me well or something, or a dress that’s a size 16, I don’t care if it looks good on me, I don’t buy it...what happens is that you don’t notice if you’re getting fatter.

Mothers not only reported clothing limitations due to their weight for themselves, but also discussed the limitations related to their choice of clothing for their daughters. For example, Natalia shared her perspective on how body size affects clothing choices for her daughter, Bianca. She provided this perspective after discussing her desire to buy clothes for Bianca that her [Natalia’s] niece wears well because of her thin frame. Sonia shared: “She [Bianca] doesn’t want them [the clothes]. She can’t wear them...really, her size is too big.”

Mothers in this study indicated that clothing options are limited when one is overweight. Further, one’s clothing size may cause distress when the size gets bigger. Discussion of mothers’ attributions to their daughter’s body size is provided below.

Perceptions about Adolescent’s Physical Size

Another potential influential factor in mothers’ comments towards their daughters include their perceptions about their daughters’ physical size. For example, many mothers attributed their daughter’s overweight to eating and drinking habits and lack of physical activity. While some initially expressed not really knowing why their daughters gained weight, they provided some explanations for this as the interview progressed. For example, Sonia initially expressed that, “I don’t know how she gained all that weight, I don’t know, I don’t ask her nothing about why she got so fat that much, because when she was a little girl, she wasn’t like that.” As the interview

progressed, Sonia noted thinking that her daughter's overweight is due to Rebeca's own behavior (i.e., eating "a lot" of Cheetos and drinking "a lot" of juice; watching "a lot" of television). A few mothers associated their daughters' eating behaviors with not caring about their health, and commented on their efforts to encourage them to adopt healthy living habits. For example, Norma shared that Eloisa would prefer to continue eating the way that she does, as this seems to make Eloisa "happy". Norma explained,

For her [Eloisa], as long as she feels happy eating and doing what she wants, she is happy, and she doesn't worry about her health. And for me, I worry about my health and her health [...] well, it's that Eloisa doesn't care about her weight or her health. She just wants to be, she feels happy eating, prefers to be eating; eating too much food or eating whatever junk food or chips, soda, Coke, bread, candy

She further stated that Eloisa "doesn't put forth any effort on her part", which leads to Norma feeling upset and frustrated at her daughter, as her efforts to adopt healthy lifestyle changes for Eloisa's benefit are not being met with receptiveness.

A couple of mothers in this study shared that their daughter's overweight was influenced by the manner in which other family members used food as a way to "spoil" their daughters. For example, Mariana shared that her husband would buy junk food for Yanet, and when addressed about it, noted that he was doing this because she was his youngest child. Mariana stated, "I would tell him, 'I don't want you to go around buying her that because that's harming her'. And he would tell me, 'ay' - since she was the youngest, he would spoil her too much." Maite's mother, Barbara noted that a similar situation occurred in her home between Maite and her mother (Maite's grandmother). She shared,

Barbara: As time passed, we [Maite's father and I] saw that she was growing, and she was getting fatter, and then she would eat just to eat, she wasn't even hungry, it wasn't anything like- my mother lived with us, and my mother was a real spoiler , and even if Maite wasn't hungry, would say- she would eat or something, she would bring her food from the street, or if she would go out.

Interviewer: Like to spoil her a little bit?

Barbara: Exactly- that's it. And I would tell her, "Mama, please, Maite already ate, please don't give her any more food", and she would say, "Ay, it's that she's just a kid", that I shouldn't be so selfish.

A few mothers in this sample shared that they are seeing their daughters make efforts towards adopting a healthier living lifestyle, and seeing that their daughters appear motivated to continue with this lifestyle. As Mariana shared about Yanet, "I see she's doing good with the exercise, eating good- and she is doing this for herself, you know?"

Mothers in this sample shared their perceptions about their daughter's body size, and discussed their perceptions of reasons for their daughters being overweight. The following section presents the importance mothers expressed in being models for their daughters regarding healthy living and self-acceptance.

Mothers being Models for their Daughters

Many mothers discussed the importance they hold on being examples/models for their daughters. These mothers, as noted in Chapter 7, communicate this importance in direct (e.g., conversation with their daughter) and indirect ways (e.g., their own actions).

Healthy Living

Mothers expressed the importance of serving as models for their daughters with regards to healthy living so that their daughters can see that while adopting health behaviors may be challenging, they can be accomplished successfully. Mariana, for example, discussed the utility of providing Yanet with an example of healthy living through her actions. She noted,

More than anything, it's one as a mother who teaches our kids by doing the things. Because I've seen cases in which mom is chubby, the kids are chubby. But it's like, if at home, we don't put a limit at home. Or, for example, if my daughter likes soda, or if I would like for my daughter to continue with that, but I still consume it, it's obvious that they're going to continue consuming it, right?...“I am trying to exercise more, eat healthier. I don't eat tortilla, no flour, the carbohydrates. Taking care of myself with the things that don't make me gain weight. More than anything, it's for the girl [Yanet], so she can see I am taking care of myself, my health.”

Expressing a similar sentiment, Barbara noted that while it is challenging to adopt healthy lifestyle habits (particularly with exercise), it is critical so that Maite can view her (and her father) as models of this behavior,

“For me too, it's been hard to get used to a different lifestyle, doing more exercise, because I didn't used to do it...I tell [my husband], if you don't do it, how are you going to motivate her to do it?...I tell him [my husband], “we have to motivate Maite, we have to it [exercise], so she does it too. I know that you come home tired from work, I also come home tired, but we have to dig up the strength from the laziness, like the saying

goes [sacar fuerzas de flaqueza in Spanish], cuz doing that is going to show her that she matters to us, because she matters to me.

For Sofia, she discussed the importance of calling changes in food choices she makes for herself and her family as “healthy eating changes” as opposed to a “diet”. She shared this was important, as she has the intent to communicate to her daughters that the changes are coming from a place of health and not aesthetics (e.g., wanting to lose weight to fit into clothes).

Mothers in this sample shared their belief that being a model for their daughters related to healthy living is important. As noted above, mothers serve as models in direct and indirect ways. The next section outlines the mothers’ beliefs of the importance in being a model for their daughters regarding self-acceptance.

Acceptance of Self

Mothers in this sample noted that while it is important to communicate the importance of acceptance of self to their daughters, they also communicated the need to believe this within themselves in order to be an example for their daughters, as accepting oneself is key to making sustainable healthy lifestyle changes. As explained by Natalia,

...the first thing she has to understand is that, and what I too have to understand, is that we have to love ourselves as we are. To accept herself as she is, in order to be able to lose weight. To love ourselves as we are.

Some mothers also expressed cognizance of their role as model for their daughters, and the importance of communicating acceptance of themselves by being mindful of how they talk about themselves. As noted by Sofia (Amelia’s mother), one manner she communicates that she accepts herself is making light of her physical appearance. She stated,

I feel like right now I have two tummies, so I take it as a joke, right? Even my youngest says jokes too and then says, “Oh I love your two tummies”. So I don’t have a problem with it, I don’t see it as a problem and I don’t want them [my daughters] to see it as a problem that I’m always saying, “It’s that I’m fat, look at this other stomach”.

As demonstrated above, mothers in this sample expressed the importance of believing that they accept themselves as they are, and being mindful of their role as a model for their adolescent daughters. The following section provides a discussion of mothers’ previous experiences with weight gain as another potential influential factor in the messages they provide their daughters.

Mothers’ Previous Experiences with Being Overweight

For a few mothers, their own previous experiences with being overweight seem to play a role in the messages they provide their daughters. These mothers described understanding eating to cope with feelings from personal experience as well as understanding the feelings when family members comment about being overweight.

Emotional Connection to Eating

As noted above, a few mothers shared their histories of using food as a form of managing depressive feelings, and ways they have attempted to address this behavior. For example, Mariana shared her utilization of exercise as a replacement behavior for overeating when managing unpleasant emotions. She discussed:

Mariana: ...for me, depression is the food. But no, now no. Thanks to God, I keep going. I have depression, don’t take pills. Instead, I do my exercises.

Interviewer: Do you notice a difference when you do those exercises?

Mariana: “Yes. I really enjoy it, because when I don’t exercise, I feel like I’m missing something. And when I exercise, it’s like I get more energy. I really enjoy it. I like doing, you understand? I like doing it.

As Mariana illustrated, one may manage unpleasant feelings through overeating, which can lead to negative consequences. For Mariana, she seems to have found a more productive manner in which to manage these unpleasant feelings, and (as noted above), provides Yanet with a model in how to manage unpleasant feelings.

Gisela noted that she also has had her own challenges with using food as a form of managing unpleasant feelings. She shared that she realized she has an emotional connection to food a few years ago. Gisela explained,

Gisela: I think I have my own issues, right, but, I want to have a better relationship with food, you know- because- you name me a diet- and what I have to do, I know it, because name me what I haven’t tried, because well I’m not skinny, obviously, but I mean, I know what to do to, right?- like I was telling you, you tell me and I will answer you about how to lose weight, how to live a healthier life, and all of that; but it’s the relationship with food, it’s like it becomes- sometimes I think it becomes a, an abusive relationship with food. When you are, when you feel sad, bored, you go and grab something to eat, you know. When you’re happy, and you want to- give, right?, like something to- a reward- you’re going to eat. I mean, I guess for me it’s balancing, and having a healthier relationship with food, to be self-conscious; do I really need this? You know what I mean?

Interviewer: Yeah. And so, when did you start to notice that that was something that you were facing in your life?

Gisela: I feel that it was just a couple of years ago- probably in the last two years, that I noticed that I feel that it's something- that is a problem, you understand? For example, in my case, I used to be able to stay on a diet and lose weight, and then- before, for example before I could maintain myself well for years, and I noticed that I, since 2011 until now, that I've battled more, and I don't think it's because of my age, but, mentally, like- you don't- I don't know how to explain it to you; mentally, I mean, food like becomes a- like it's your friend and your enemy at the same time, you know?

Family Members Comments Influencing Health Behaviors

For a few mothers, their experience with weight gain as children and young adults seemed to influence the comments they received from their own mothers, resulting in them becoming more mindful of their eating and exercise habits. For example, Barbara shared that she “loved to eat and learn how to cook” when she was in elementary school. She stated that she would go to her friends’ homes after school and was able to learn how to cook from their mothers, and enjoyed eating the food that they made. When she would get home, her mother seemed to engage in constant vigilance with regards to her appearance, telling Barbara, “Barbara, you’re getting fatter- you’re going to be fat when you get older”, and she noted that, “and the years passed, I turned 15 years old, and I was real thin”. Barbara recalled that her eating habits changed as she grew into adolescence, as she no longer ate as much food as she used to, which she attributed to being very busy with school and work. Barbara stated that her weight is still a topic of conversation with herself and her mother, noting that this is the first thing her mother

brings up when Barbara calls her in Mexico: “she always tells me: ‘And have you gained weight?’, ‘No, mami, well, I think I’m the same or I don’t know, really, I don’t think so’, but well, I almost always maintain the same weight.” For Barbara, and other mothers in the sample, her own mother’s comments represent one influential factor on her eating behaviors during her adolescence and perhaps into adulthood.

Sofia (Amelia’s mother) recalled that while she studied in the U.S. at age 20 years, she gained 40 pounds. She noted that when she returned home to Mexico, her family commented on her being overweight, and she noticed that her mother changed her approach to nutrition with her. Sofia noted that her mother began to engage in constant vigilance with regards to Sofia’s eating habits, “everyone would tell me that I was really overweight, my mom would limit me in terms of pastries I would eat, would limit my food all of the time, and everything thing changed terribly, everything, everything.” While Sofia interpreted her mother’s limitations as helpful, she expressed that it was a challenge to get used to being treated differently in terms of her eating behaviors when at home. As the interview progressed, Sofia reflected on her experiences with her mother’s use of constant vigilance, noting that this may influence how she approaches Amelia. She shared:

I feel like it has something to do with it, because I also tell her things like that, for example, with dessert, I tell her, “Well don’t eat that dessert, because it has too much sugar”.... But you know, yes, yes it has influenced, of course it has, how my mom spoke to me; my mom also maybe- my sister and I, also my sister is very thin, and after I gained weight, well perhaps also my mom would make comments about how I looked in certain clothes, “That doesn’t fit you”, etcetera; so, I feel that I do things like that with her [Amelia] too, maybe unconsciously, right?

As Sofia's response denotes, these experiences during their lives may unconsciously shape/influence mothers' approach towards their adolescent daughters.

Chapter Summary

This chapter outlined maternal beliefs that may be influential factors in the messages mothers provide their daughters regarding their physical appearance and body size. The potential influential factors were discussed, including mothers' beliefs regarding being overweight, perceptions about their daughters' physical size, and the importance they place on serving as a model for their adolescent daughters. The next chapter provides results about the adolescent's reactions towards messages they receive about their physical appearance and body size.

CHAPTER 9

ADOLESCENT REACTIONS/NAVIGATION OF MESSAGES RECEIVED

As noted in Chapter 7, adolescents in this sample reported receiving dialectical messages about their physical appearance and body size. Potential influences on their reactions included the type of message received and the adolescent's body image self-schema (Cash, 2002), including her beliefs about herself being overweight. These adolescents' body image self-schema then influenced the manner in which they reacted to and navigated the messages they received. Adolescents reacted and processed these messages in emotional, cognitive, and behavioral ways. Adolescents' navigation of these messages seems to be embedded within their emotional, cognitive and behavioral reactions, and involved the use of navigational resources. These resources included utilizing themselves through the use of self-talk and engaging in other activities, and utilizing others in their lives. Further, the messages they received about their physical appearance and size elicited behavioral reactions, including engaging in passive and active behavioral reactions. It is important to note that often these reactions and the adolescent's navigation of these messages occurred simultaneously. The body image self-schema, emotional, cognitive, and behavioral reactions, and navigation of these messages are outlined below. But first, the descriptions of each of the adolescents' body image self-schema are provided. Of note, the adolescents' reactions to their mothers' constant vigilance is presented in Chapter 10 to aid in the illustration of the mother-adolescent reaction feedback loop.

Adolescents' Reactions

Body Image Self-Schema

The adolescents in this study discussed their emotional and cognitive reactions to receiving messages about their physical appearance and body size, and their mothers provided

additional information about their daughters' emotional and cognitive reactions to messages received. As the author analyzed the data, it became apparent that the cognitive behavioral framework of body image (described in Chapter 2) provided a helpful framework from which to organize and present the data. As noted in the cognitive behavioral framework of body image, adolescents receive feedback from multiple sources about their physical appearance and body size. This feedback, in turn, elicits emotions and cognitions about their body image, which results in the formation of body image self-schemas, or the beliefs and ideas individuals have about their looks (Markus, 1977). These body image self-schemas provide a map through which adolescents process and integrate feedback about their bodies and physical appearance. Further, this processing and integration of messages they receive could result in adolescents experiencing emotionally distressing thoughts about their physical appearance and body size (Cash, 2002; 2011; Thompson et al., 1999). The adolescents in this sample appeared to experience a similar process when integrating feedback about their physical appearance and size. Each adolescent's body image self-schemas, as formulated from the interview data, are provided below, along with discussion about the participants' beliefs about being overweight. Following, the adolescent's emotional and cognitive reactions to messages received are described.

Yanet

Yanet stated that she was "thin" during her early-to-mid-childhood. She noted that she began to gain weight when she was about eight years old. Yanet attributed her increase in weight to her father "*consintiendome*" ("spoiling me"), stating that allowing her to eat junk food was one way he showed his love for her. She went on to share that she was teased in 5th grade for being "chubby", and noted being more invested in what others thought of her when she was "chubby". As she was sharing this with me, Norma (Yanet's mother) walked into the dining

room (where the interview was being held) and showed me a picture of Yanet when she was nine years old, alongside herself and Yanet's father. Norma stated that she keeps the photograph because it is the only one of all three of them together, and it is a reminder of how heavy they became as a family. After her mom left, Yanet shared that she likes looking at that picture, as it reminds her of happier times she and her family had prior to her father's incarceration. Yanet later shared that after her father's incarceration, she and her mother began making healthy living changes (e.g., playing sports; dancing; cooking with less oil), including participating in ACES clinic when Yanet was approximately 12 years old.

Yanet noted that her father's incarceration prompted her to make healthy living changes, as she saw how poor choices lead to bad consequences, and she wanted to become healthier to reduce her risk of diabetes, which runs in her family. When asked to describe herself, Yanet noted that she is "the average size of height". When asked to elaborate on her physical appearance, Yanet noted that this was a challenging question, as "I don't know if it's right to say that I'm not skinny, but I'm not fat, you know." Yanet went onto say that she feels she gets to decide what is right regarding how to describe herself, and shared that she sees herself as a "healthy person", noting that to her being healthy has more to do with making healthy eating and physical activity choices than being "skinny". Further, Yanet noted that she is not concerned with others' opinion about her physical appearance. She shared that she likes her body as it is because it is healthy, and was the only adolescent of the sample who did not want to change any part of her body.

Magda

Magda noted that she remembers what she looked like from age 10 years onward. She shared being "not too skinny or too big" during that time in her life. Magda stated that she did

not consider herself to be overweight until she was 13 years old, after a weigh-in at school revealed that she was 188 pounds. Magda noted that she felt bad about herself because she had never been concerned with her weight until that point. She stated that she was eating a lot during that time in her life, as she “had nothing to do at home or at school”. Further, she said that during this time her father added cable television, and she began watching more T.V. Magda shared feeling both discouraged by the number on the scale and having a desire to change her lifestyle. She noted that she especially becomes discouraged when others made hurtful comments about her appearance, particularly her mother, who told her she is “overweighted” and needed to “stop watching so much T.V.”

When asked about her current physical appearance, Magda shared that she likes her face the best, as she considers her eyes to be “pretty.” Magda reported that she likes her stomach the least as “it’s growing” and feels like “if it was like, really there, haunting me”, serving as a reminder of not following the recommendations her family shares with her about eating healthier and watching less television. Magda noted that she desires to lose weight so she can have a flatter stomach in order to fit into a turquoise colored quinceañera dress that she has pictured in her mind. With regards to this dress, Magda shared that the dress would not look as good in her mind with her current body shape because her thighs and stomach are “too big”, which would make the dress “not look right.”

Maite

Maite shared that when she was 2 years old, her mother would dress her and her older sister like twins, noting that she “looked skinny back then.” Maite stated that when she was 6 years old, her maternal grandmother began to live with her family in Texas after her parents separated in order to help her mother care for the kids while she was at work. Maite noticed that

began gaining weight because her maternal grandmother would “always” feed her. Maite felt like her grandmother “*me malacostumbro*” (“got me in a bad habit/spoiled me”) because she would give Maite whatever food she wanted. Maite recalled some conflict between her mother and grandmother regarding food choices, as Barbara would ask her mother to feed Maite healthy meals, and Maite’s grandmother would state that Maite was “little girl” and could do whatever she pleased. When the author summarized what she had shared with me (that she began gaining weight when she was 6 years old and that this was when her parents separated), Maite noted that she believed this contributed to her overeating as well. She recalled that she recently gained weight after her family lost their home in a fire, stating that for her eating is “how I get my feelings out”.

Maite shared that her parents reconciled a few years later and her grandmother returned to Mexico when Maite was 8 years old. She also noted that around this time, she began being teased because of her body size at school, which would leave her confused, as she noticed that others who were heavier than her were not being teased. She expressed receiving similar comments from her older sister during her early adolescence. As she talked about the evolution of her body shape, Maite shared that she believed her mother thinks she has a “weight problem because I can lose like three pounds in one month and then the next two months I can pick them back up”. She stated that her mother has been taking her to ACES clinic since she was 12 years old in order to address her overweight. Maite shared that she hopes to “be done” with the program soon and accomplish the goals she set for herself, including eating healthy and exercising. Further, Maite noted that she initially felt “awkward” going to ACES, as she noticed that her mother would only take her, but not her siblings. Maite stated that she would like to join

the drill team at her school when she is a sophomore, and has enjoyed taking dance class at school this year.

When asked to describe her current physical appearance, Maite shared that she calls herself “fluffy” because her friend Cece uses her stomach as a pillow and calls her “fluffy.” She also noted another reason she uses this adjective is because her father has always called her “*bocon*” (“big mouth”). When asked how she feels about being described in this way by her friend and father, Maite shared that she does not mind, as she recognizes these terms to come out of a place of love and not criticism. She noted that she loves her hair, and dyes it because she likes feeling “unique.” Further, she described herself as a “tom boy”, as she does not see herself “as a girly girl”. Maite let me know she is comfortable with her body as it is. She shared that one thing she would like to change about her body are her breasts because she believes they are small, and all the people she “hangs out with”, including her friends and female family members, all have “big breasts.” She noted that the only person she “hangs out with” who has small breasts is her friend Cece, stating that small breasts are “natural for Cece because she’s like really, really skinny. It goes with her body”. She noted feeling like the “baby” when around her other friends and female family members. Maite further shared struggles regarding finding bras that fit her, as the band fits well, but the cup size feels off: “It feels like really, really big and I feel like they [her breasts] look fake”. Additionally, Maite added that she sometimes feels as though she is unable to wear certain clothes she would like (e.g., crop tops) because of her physical size.

Amelia

Amelia recalled that she has “always been- as my mom calls it, ‘chubby’. But yeah. It’s- I’ve never really had a problem with it”. She notes never feeling bullied or like she was different

from others. As the interview progressed, she shared that she sometimes has felt frustrated as she feels like her mother is “more on top of” her eating habits than her younger sister due to her body shape. Amelia notes that her mother has always been mindful of eating healthy, and sought help for Amelia and herself through a multidisciplinary after school obesity intervention program when she was 12 years old.

Amelia shared that she is comfortable with her current body shape, noting that she engages in *Baile Folklorico* as a physical and cultural activity. She reported getting into soccer, and sometimes feeling like her body, particularly her upper thighs, prevent her from giving her all in the sport, as she thinks to herself that her thighs may not “handle it.” Amelia noted that she admires the body shape of some of her friends, noting that one has toned thighs and another has muscular arms. She shared that if she starts losing weight, her legs would look good and be able to handle more athletic demand. Further, she shared that by losing weight, she would have less difficulty finding pants to fit her body size.

Elizabeth

Elizabeth noted that she has “always been a little on the chubbier side”, and looked like *Dora The Explorer*. She shared that as she got older, she “got bigger, and started getting boobies” when she was in 5th grade. She recalled her mother suggesting she start wearing a sports bra for additional support when she was in 3rd grade, and reports being thankful to her mother for this suggestion because she feels very comfortable in them. Elizabeth shared that her first experience with a weight management program was Weight Watchers when she was 13 years old. She recalled feeling “weird” during the meetings, as she was the only adolescent there in a room “full of grown people”. Elizabeth noted that she had a challenging time keeping up

with the program because she had to always keep track of what she was eating. Elizabeth shared that she has received hurtful comments from her brother, mother, and paternal grandmother on occasion because of her weight. When asked to describe her current physical appearance, she noted, “I’m not skinny, but not overly obese. I’m more in the chubby kinda side.” When asked to clarify what she meant by “chubby”, Elizabeth noted:

I say chubby, I mean like yeah, you’re not on the obese side, but you’re not like overly obese. Like you’re not you know like those people that can’t even get up from the couch, can’t even fit through the door, and have to sleep with masks and stuff like that. Like I know I’m obese, but I’m more on like- I can still be physical and stuff like that.

Elizabeth shared that she has learned to love her curly hair, embracing its texture. She reported that she used to get up in the morning when in middle school to straighten her hair, which led to split ends and frizzy hair by the end of the day. Elizabeth noted that now that she is in high school, she feels “lazy” in the morning, and enjoys being able to put some product in her hair after showering, then heading to school. While Elizabeth shared that she feels comfortable in the body she is in, she reported disliking her “tummy” because of “how it sticks out”. Further, she reports wanting to be thin to the point where she can see the zipper of her pants when she sits down.

Rebeca

Rebeca shared that she could only remember what she looked like from age 5 years onward. At age 5 years, Rebeca recalled that she was “skinny” and “short”. As she got older, and her siblings no longer played games with her, Rebeca noticed that she would eat more at home,

becoming more concerned with her eating habits when she was 13 years old and diagnosed with type 2 diabetes.

Rebeca shared that after the diagnosis, she was referred to TEEN group (an auxiliary program from ACES clinic). She reported “sometimes” liking her body, though had a challenging time describing reasons why she liked it. Rebeca shared that one thing she would like to change about her body is her “belly”, as it “sticks out a lot”. She noted not talking with anyone about her feelings about her body, stating that she would like to talk with her mom sometimes, but finds it challenging to secure one-on-one time with her mother in the evenings.

Jocelyn

Jocelyn said she remembers being “tiny and skinny” from the time she was a newborn until she was about 13 years old. Her family has shared with her that she was about 6 pounds when she was born, and their concern that she was very fragile because she was so small. Jocelyn recalls that during her childhood she looked like *Dora The Explorer* because her hair was straight and cut in a bob. Further, she remembered always being into sports until she was 13 years old. As she recalled this time in her life, Jocelyn shared that she did not have much interest in sports and began noticing an increase in her weight as a result, noting that she had just moved from a suburb of Austin to Austin, and was focused on getting used to a new middle school and new surroundings. Once she felt settled, Jocelyn was informed that her middle school did not offer any sports teams, which did not motivate her to engage in any physical activity. It is important to note that per information that her mother shared during her interview, she and her current husband were incurring a few challenges in their marriage, resulting in a separation and Andrea’s subsequent move with her children to Austin, TX to live with her mother. As a

researcher and clinician, I wonder if this separation and instability may have also played a role in Jocelyn's diminished interest in participating in sports.

Jocelyn reported that she began to incorporate healthy eating and exercise into her lifestyle when she was 15 years old, through the help of ACES clinic, her mother, and aunts. Jocelyn attributes her involvement in a school organization that teaches youth how to become farmers (e.g., tending to animals; entering these animals in competitions that involve jogging on a track with the animal to show them to potential buyers), and playing on the softball and soccer team at her school, to helping her become healthier, and paying closer attention to her eating in order to have energy to engage in these activities.

When asked to describe her appearance, Jocelyn stated that she is "in the 5-foot range," and has "frizzy hair, wide shoulders, a medium-waist, round hips, short legs, and small feet." When asked what she likes and dislikes about her appearance, Jocelyn noted that she feels she is becoming more comfortable in her weight, as she is making changes that she feels comfortable with and that do not feel imposed upon her. Further, she noted that she is working on being at ease with herself, regardless of what others (including physicians) think about her physical size. Jocelyn shared that she does not like her hair, as she considers it to be very frizzy, and her metabolism, as she notices that she gains weight quickly if she does not exercise.

Bianca

Bianca shared that she remembers being "the same [body size] as now" since she was a small child. When asked to elaborate on what she meant by "the same as now", Bianca refused by stating, "I don't wanna answer that." Bianca responded in this way throughout the interview when the author asked any direct questions about her physical appearance from her neck down.

When asked in a more indirect way about her physical appearance, Bianca shared some of her thoughts about her physical size. For example, she shared a desire to lose weight so that her clothing size would be smaller in order for her to wear “cute” clothes, such as dresses. She noted that she does not currently wear dresses. When asked why, she shared it is because she does not like the way her thighs look, as they are “too fat from here”, pointing to her upper thigh.

When asked about what parts of her body she likes the most, Bianca shared that she likes her eyelashes because they are long and her lips because “they are big, like my grandma’s”. It is interesting to note that Bianca had mascara on and bright red lipstick during the interview, suggesting that these may be features that Bianca likes to highlight about her appearance. She shared that she is teased by her siblings when they are home, which creates conflict in the home because she yells at them for calling her names (e.g., “fat”). While she let me know she has not been teased at school, her mother shared that her daughter has faced teasing about her physical size since she entered middle school two years ago.

At the end of the interview, the author shared with Bianca that she noticed Bianca did not answer questions that related to how she felt about her body, and asked if she answers in a similar manner when others ask her about her body, to which she nodded. When asked what would make it easier to talk about, framing it as a learning experience for the author, as she had a few other interviews to complete, Bianca shared “you know me more better” would have made it easier. She went on to share that she does not talk with others about how she feels about her body, except for her animals because “they don’t say nothing”. It appears that for Bianca, sharing her thoughts and feelings about her physical size is challenging, as she considers the topic to be private. Further, Bianca seemed to present as sullen and sad, with a few moments of brightness

in her affect (as evidenced by slightly smiling and providing longer responses) during the interview.

Eloisa

Eloisa noted that she was “fat” when she was little, stating that her mother let her know she weighed more than her older brother and two younger siblings when she was born and as a child. Eloisa shared that, “since I’ve been growing, I’ve been getting more fatter.” She let me know she has been made fun of by her family for her appearance since she was a young child, stating that the teasing began when an uncle told her she had a “*diente de chicle*” (“bubblegum tooth”/“sweet tooth”; “a very white, white tooth”, per Eloisa) when she was a child. Eloisa noticed that she began gaining more weight when she was 10 years old. When asked what was going around at the time, Eloisa stated that this was around the time she entered middle school and she began getting teased by peers for having a mole on her forehead. Of note, as she shared this experience in her life, Eloisa lifted her heavy side bangs from her face and pointed to the mole, and then quickly rearranged her bangs to hide the mole. Eloisa shared that she began wearing her hair with heavy side bangs since she received teasing comments from peers in hopes that the teasing would stop. Eloisa noted that the teasing continued, with the reason shifting to her body size. She reported that she began receiving hurtful comments about her physical size from her mother and siblings during this time as well.

Eloisa shared that she does not like her current appearance, wishing to change “everything about myself”, especially when receiving hurtful comments from others about her body size. Eloisa noted that she does like her hair and her voice, sharing that she hopes to be a singer one day. Further, Eloisa discussed her preference for having lighter colored eyes (e.g.,

light brown), which she finds are “pretty”. Of note, the author had the impression that Eloisa was experiencing a lot of sadness, as evidenced by her becoming tearful during sections of the interview, and expressing sadness related to her home life and school life.

The section above outlined the body image self-schemas of adolescents in this study, formulated from their interview data. The next section outlines beliefs adolescents seem to have developed about being overweight.

Beliefs about themselves being overweight. As denoted in the descriptions of the adolescents’ body image self-schema, adolescents in this sample seem to have developed beliefs about themselves being overweight. These include their *beliefs about why they became overweight, limitations of themselves being overweight*, including limitations to their clothing options and social lives, and *perceptions of improvements to their life if they were thinner*. These beliefs are presented below.

Beliefs about why they became overweight. The adolescents shared their thoughts on how they became overweight. Most attributed their overweight to a combination of overeating and a sedentary lifestyle. As Rebeca shared,

Rebeca: I don’t eat a lot in Mexico because I have cousins over there and I play outside with them, so I don’t eat that much over there.

Interviewer: What about here [in the U.S.]?

Rebeca: I do eat a lot here because I don’t have like nobody to play with.

Interviewer: And so it’s hard to get outside when there’s no one to play with.

Rebeca: Yeah.

Jocelyn noticed that she became overweight after she stopped playing in school sports after she and her family moved when she was 13 years old. She recalled,

Probably around the age of thirteen, I noticed I was gaining more weight. I noticed that...I hadn't been very active around that time, and that's around the time I stopped playing sports. I used to play soccer, or volleyball, and softball. So. I had always been raised around sports, like being interested in them, and around that time, I just wasn't interested.

A few of the adolescents attributed their overweight to being spoiled when they were younger. Yanet, for example, noted that her father would "spoil" her with junk food when she was a child. Maite shared a similar sentiment about her maternal caregiver. She noted,

Maite: [...] when I was six, that's when I started gaining weight because of my grandma. She would always be feeding me. She wouldn't let me get up from the table, she would always be feeding me. That's my...*me malacostumbre* [got in a bad habit; got spoiled] because my grandma would always be feeding me in some way or another. And then, because when I was in elementary school – when I was in Kindergarten or in third grade, I would always go to her house. She would always pick us up from school.

Interviewer: Is it your mom's mom or your dad's –

Maite: My mom's mom. She would take us to her house and she would always have junk food and she would be like, "Grab some, I don't really care. I'll buy some." Like every day she had something different. So she made me get chunkier because she never told me no. And then when my parents told me, "No, you already had enough. Stop." My

grandma would be like, “No, let her. She’s a little girl. She can do whatever she wants.”

So, since then, my weight started going up.

Limitations of themselves being overweight. Some of the adolescents expressed feeling there are limitations to being overweight, including limitations regarding their clothing choices. A few adolescents also discussed relationship status and their body’s athletic capacity to be limited by their physical size. For example, when asked about limitations she has experienced due to her physical size, Maite discussed limitations regarding her clothing choices (presented below),

Interviewer: So what things have you not been able to do because of your physical size do you think whether it’s what you want to dress, how you want to act?

Maite: It’s been the way that I want to dress because like I want to wear clothes that don’t fit my body size and sometimes I like –

Interviewer: Like what?

Maite: Like crop tops and stuff like that. And then I like clothes but I don’t like the way they look on me. They fit me good but I don’t like the way they look on me. Like I don’t like showing my arms – I’m not comfortable with my arms.

Interviewer: Because –

Maite: I don’t know. I have spots on my – because I don’t have enough vitamin D in me so I don’t like it. So I’m always wearing a long sleeve or wearing [a friend’s] jacket.

Interviewer: And so that’s something that you’re uncomfortable showing.

Maite: Yeah, I'm not comfortable with my arms or my legs.

Interviewer: And why your legs?

Maite: I don't know. They're just like big – like I see chunkier girls than me and they're wearing shorts to school and I'm just like, “No, I can't do that.”

I: Okay. But do you feel like it looks good on them or no?

A: No I feel like they don't look good on them but they just don't care what people say about them. I don't dress like that because then I feel like everybody is staring at me like looking me up and down, judging me.

As noted above, Maite seems to have adopted techniques to address dissatisfaction she has with parts of her body, including not drawing attention to herself by what she wears. Elizabeth shared a similar limitation to her clothing choices as Maite, citing her desire to wear fashionable clothes and feel comfortable in them as a reason for needing to lose weight. She also expressed her belief that her body size plays a role on others' romantic interest in her (though noted that being a relationship is not her priority at the moment). Elizabeth explained,

Elizabeth: I know I gotta lose weight, so.

Interviewer: Who says that you have to lose weight?

Elizabeth: I do. Like I know I have to.

Interviewer: Why?

Elizabeth: 'Cuz I'm chubby, and I'm...like I don't know. Like I see the girls at school and like some of them are really skinny, and they wear like really cute clothes and stuff. I

was like, "I wanna wear that, but I can't, 'cause I'm scared it won't look good on my body."

Interviewer: So it kinda like knowing that you feel like you have – you know that you need to lose weight, and part of it is so that you can kinda wear –

Elizabeth: Yeah, like I can feel better about myself, you know? I don't wanna feel like left out.

Interviewer: In what way do you feel like how you look has affected like your life, like at school, for example? Like are there things that you do, things that you don't do?

Elizabeth: We're in high school now, and there's a bunch of relationships, and you're not in – like relationship. Like I think some relationships are cute, but at the same time, I don't wanna date people. I'm not ready for that. I'd rather focus on my grades more in my freshman year, 'cause it counts more, and then start dating when I'm a little bit older. But I feel like they go more for the skinny girls.

Interviewer: Who's they?

Elizabeth: Like the boys. Like the boys, I feel like they go more for like the pretty girls, like the skinny, long hair, stuff like that.

Elizabeth, along with a few other of the adolescents, utilize **comparison to others** as a way to evaluate their physical appearance and body size, thus informing their body self-schema.

Similar to Elizabeth, Amelia utilization of **comparison to others** influences attributions she makes to her body size; specifically her legs. After discussing her admiration of her friends' "toned" and "muscular" arms and legs, Amelia shared that she felt as though her legs are not very strong, which influences her actions while playing soccer,

Interviewer: In what ways do you think like how you feel about your legs affects either the way that you dress or opportunities that you go for, if at all?

Amelia: Athletic-wise it really affects how you look at yourself because I don't know if I'd be able to handle it. Right now I'm with soccer and we do a lot of running and I really – I kind of hold back on the stuff we do or I have like second thoughts in my head because of how I feel about my legs, like, I don't know if they're gonna withstand it [the exercise] or not.

Perceptions of improvements to life if thinner. Some of the adolescents also expressed that their lives would improve if they were thinner, as being thinner would reduce limitations they have incurred because of their obesity. Following Amelia's excerpt above, she expressed that losing weight would not only improve her athletic ability, but also her confidence. She discussed,

Interviewer: Okay and what changes do you think your body would have at 130 [adolescent's expressed ideal weight] that you don't have now at your current weight?

Amelia: I feel like my body would have to adjust like a lot to what I used to have to what I would have and then I feel like it would be more – 'cause to be that weight I would have to do something so I could get there. So I feel like my body would be more...I don't know how to say it in English.

Interviewer: You can say it in Spanish.

Amelia: *Tener mas resistencia* [have more endurance], for like athletic events and stuff.

Interviewer: So more endurance?

Amelia: Yeah, endurance.

Interviewer: What opportunities do you think would open up for you at 130 that you don't have at your current weight? How would things change for you?

Amelia: I'm really confident how I am right now. But I feel like that would be an extra little half step to how I would feel there and I feel like I would be doing a lot more things like trying out for more sports than how I am now.

Interviewer: And can I ask how much of that is the way your body looks and how much of it is what you think your body is capable of?

Amelia: I think 50/50. I feel like how I look would affect how I would do things and how I would go for sports. But also half of it would be I don't know if I'll be able to go against an opponent and be better than him or be better and be able to withstand what we have to do or what we have to achieve.

Magda expressed a sentiment that her quinceañera dress would fit "perfectly" if she were thinner. Prior to sharing this sentiment, Magda utilized **comparison to others** when discussing her desire to lose weight. Magda shared,

Magda: Well, my uncle, he's like more overweight than me. So I'm trying not to get like him.

Interviewer: He's your uncle from your mom's side or your dad's side?

Magda: My dad's side. And so I'm not trying to be like that, but I'm trying to get skinnier.

Interviewer: And what do you think by getting skinnier will do for you? Or what will it help you with?

Magda: Fitting in the [quinceañera] dress.

Interviewer: And like how would you like the dress to fit you?

Magda: Perfectly.

[...]

Interviewer: So what would you change about your body now so that you can fit into that perfect dress, or so that you can fit into that dress perfectly?

Magda: I guess like from here [points to stomach]

Interviewer: From your stomach to where?

Magda: My stomach to the bottom.

Interviewer: To your toes?

Magda: No, I mean, to my thighs.

Interviewer: How do your thighs look?

Magda: Big.

Interviewer: So they look big. How would they look in the dress?

Magda: Like nothing.

Interviewer: Like what do you mean like nothing?

Magda: Like they weren't there.

Adolescents in this sample seem to have formulated beliefs about themselves being overweight. The following section discusses the adolescents' reactions to the messages they receive from others about their physical appearance and body size.

Adolescents' Emotional, Cognitive, and Behavioral Actions/Reactions

Emotional, cognitive, and behavioral reactions are evoked from the adolescents when they receive messages about their physical appearance and body size. With regards to **emotional reactions**, most of the adolescents expressed initial feelings of being “sad”, “angry”, and “frustrated” when receiving messages related to “being overweight is undesirable”. Some adolescents experience opposing emotions, including feelings of being “happy” and “proud”, when receiving feedback related to “accept yourself”. A few of the adolescents seemed to experience feelings of confusion when receiving these messages. Further, adolescents in this study described having thoughts about themselves when receiving these messages. The data suggest that an adolescent's **cognitive reaction** to a message received about their appearance and body size includes their **appraisal** of a message, which is representative of their personal interpretation of the message (Patel, Tabb, Strambler, & Eltareb, 2015). This seems to be influenced by her **body image self-schema**, which leads the adolescent to either “**accept**” the message received or “**reject**” it because it does not fit with the perception she has of herself. This

cognitive reaction seems to be a manner in which the adolescent **navigates** messages on her own, through the **behavioral action of self-talk**, discussed below.

Navigational resource –self (self talk). The adolescents in this sample seem to navigate and resolve messages received by both mothers and other sources by engaging in an internal process of self-talk in which they decide whether they believe the messages they receive to be true. For example, Eloisa shared her emotional and cognitive reaction to a hurtful action towards her from a peer when she was in 6th grade,

Interviewer: How was that for you? Like, to be at school, and all you're doing is being at the library, and you're hearing that?

Eloisa: I felt sad, and like, I wanted to change.

Interviewer: Yeah...like what did you want to change about yourself?

Eloisa: Everything.

Eloisa's emotional and cognitive reaction, along with her thoughts and feelings about her body throughout the interview (her body image self schema) suggest to this author that Eloisa's self-talk may have involved agreeing with this message, and thus, accepting this message related to being overweight is undesirable to be true, and internalized it. This resulted in her feeling dissatisfied with her physical appearance and size, prompting a desire to change "everything" about herself.

Some of the adolescents seemed to engage in "**negotiation of message**", particularly around messages received that do not fit with their thoughts of themselves. Some of the adolescents seemed to reject the message received. As Jocelyn highlighted when discussing how

she manages (through self-talk) being overweight is undesirable comments from medical providers about her physical appearance,

Interviewer: And so, what do you like best about your body right now?

Jocelyn: I'm starting to accept kind of who I am, and open to changes. And so, it doesn't really bother me at all. I know people say, you know, it should bother you, because you're like borderline overweight, but-

Interviewer: Who says that to you?

Jocelyn: I mean, doctors are saying that I was borderline overweight, so I should start making a change. And so, I mean, it's my body, so it's like I have to be comfortable with it, to the point where like, I don't really...I mean, I care cuz I understand what they're saying, but it's to the point where like, I have to accept who I am.

Jocelyn's example above suggest that she rejected the message from physicians about her body size through appraising and comparing the message received to her body image self-schema, which suggests that Jocelyn is striving to feel comfortable with herself and her body size. Through "negotiating the message" via self-talk, Jocelyn rejected the message received and internalized her self-talk message suggesting she accepts herself as she is.

A few of the adolescents discussed situations in which they rejected a message promoting an acceptance of self. The adolescents noted engaging in attempts to accommodate this feedback into their body image self-schema, and ultimately deciding to set this feedback aside, as it did not fall in line with the way they saw themselves. As noted by Maite, when discussing how she responded to feedback received by her family about her being "pretty":

Maite: I'm just like, "I'm pretty? When did this happen?" Because I see myself all the time and it's just like-

Interviewer: So, would pretty be a word that you would use to describe yourself?

Maite: I guess, because everybody else does it, I just go along with it.

Interviewer: What word would you use instead, if not pretty?

Maite: I don't know. I can't see myself pretty... To me I describe myself as a tom boy and then I'm just like- I'm pretty? And then I try to call myself pretty but I never seen myself as a girly girl ever since I was like twelve. So it's like I don't think so.

Similar to Maite, Elizabeth expressed struggles to accommodate feedback about her physical appearance that did not fall in line with the definition she has internalized of the adjective used (pretty):

Interviewer: I'm wondering what comments you've gotten at school about your physical appearance?

Elizabeth: I don't get any. People tell me I'm pretty; that's it.

Interviewer: How much do you believe them when they say it?

Elizabeth: Not much. Like I guess I'm pretty in some way, like I know my personality's pretty, but I don't think my physical appearance is that pretty.

Interviewer: What would make it prettier?

Elizabeth: I don't know.

Interviewer: And what makes you think it's not pretty, or not like as pretty as they say?

Elizabeth: Like, I've always had this image of prettiness- like tall, skinny, tan skin, colored eyes, and I don't fit that description. I don't.

Elizabeth went onto share, as did a few other of the adolescents, that receiving encouraging comments from family members, especially mothers, does not mean as much because they view that these are comments that families are "supposed to say" to their children. Elizabeth expressed,

She [Gisela, Elizabeth's mother] says that I'm pretty and that I'm a wonderful girl. You know, she's-like I think of, "Oh, she's my mom. She's supposed to say stuff like that." So I don't really take it to heart. Like yeah she sees the beauty in me because she gave birth to me and raises me.

For a few others, when receiving these messages that seem to challenge their view of themselves, they internalize the comment in a different manner, as it provides a moment for them to think about themselves in a different light. In trying to make sense of the message, they take it as evidence to reflect on what they think about themselves. As Ameilia noted,

Amelia: They'll [friends] say, "Oh, your thighs look good." I'm like, "Thank you but I don't like them".

Interviewer: And what is it like to hear when you have this thought in your mind of how your thighs are, for example, and when somebody gives you feedback or shares with you that they see your thighs in a different way?

Amelia: It definitely brings my confidence up. I think about it and I accept it. It makes me double think about what I don't like about myself.

Adolescents in this study appear to utilize themselves as navigational resources when navigating messages about their physical appearance and body size. As noted above, self-talk represents one way in which they navigate messages. Another way adolescents communicated using themselves as resources is through the use of engaging in other activities, outlined below.

Navigational resource-self (use of other activities). Some of the adolescents noted engaging in the use of other activities as a manner in which they navigate the messages they receive, including their emotional reactions to these messages. A few of the adolescents noted the utilization of *overeating* as a manner in which they navigate and cope with unpleasant emotions, including those that are evoked when receiving a hurtful comment about their physical appearance. Elizabeth, for example, noted that she overeats when she is feeling sad and hurt, especially after receiving hurtful comments about her physical size (e.g., when her brother calls her “fat”). She noted, “Like when I'm upset, to be honest, I'm an eater. I eat my feelings”. Others talked about utilizing *relaxing activities*, such as listening to music or writing in a journal, as noted by Maite and Eloisa. Additionally, a few others discussed tending to their animals as a way of relaxing. Bianca shared using her animals as a way to talk with “someone” about how she feels about body. She stated,

Interviewer: Who do you feel comfortable talking about your body with?

Bianca: No one.

Interviewer: So, it's more...

Bianca: Like, my animals. Cuz, they don't say nothing.

[...]

Interviewer: And, between your dogs, chickens, and horses, who do you talk most with about what's going on with you?

Bianca: My dogs. My little chihuahua dog.

Interviewer: What makes it easier to talk with your dogs about...cuz, you could talk with your horse?

Bianca: Cuz, she doesn't say nothing back, and she licks me when I cry.

Interviewer: So, she kind of shows you her support and that she's listening by giving those sweet little kisses.

Bianca: Yeah.

Adolescents utilize themselves as navigational resources when navigating messages about their physical appearance and body size by engaging in other activities. Some of these activities include overeating, engaging in relaxing activities, and expressing their feelings to their animals. Outlined below is a discussion of the manners in which adolescents use other individuals in their lives as navigational resources.

Navigational resource- others. When they receive messages about their physical appearance and body size suggesting that either being overweight is undesirable or to accept themselves as they are, the data suggests that some of the adolescents use others to aid them as they navigate these messages, which the author termed, a “navigational resource”. It is important to note that the use of others in their lives as a navigational resource may occur spontaneously

(i.e., the adolescent did not actively seek the person's feedback) or purposefully (i.e., the adolescent sought this person to discuss the message they received).

For example, as Eloisa shared receiving messages related to being overweight is undesirable from her siblings (e.g., "they call me fat, fat ass"), she noted using her older cousin and her uncle as "navigational resources", as these are the individuals in her family she "trusts",

Interviewer: How often have you talked to your parents about this kind of stuff? That it happens [is called "fat"/"fat ass" by siblings], or..?

Eloisa: Um, not much.

Interviewer: And, who are you able to talk with about this kind of stuff?

Eloisa: I don't talk to nobody about that...the only two persons that I trust in my family is my uncle and my cousin, and that's it.

[...]

Interviewer: So, what makes it easy for you to kind of like, feel comfortable and stuff with him [uncle]?

Eloisa: Like, he's like, like, I don't know. I could just trust him.

She also shared,

Eloisa: [...] her [older cousin] and my *Tio* [uncle], those are the only persons that I could tell them that I'm sad, I'm mad, I need your help.

Interviewer: That you could feel like, they'll support you?

Eloisa: Yes.

Elizabeth conveyed that receiving the message to accept herself as she is was helpful from a navigational resource (her friend). Elizabeth shared that when she expresses a desire to have a similar body shape to the women she sees on a Korean soap opera show she watches with a friend on Netflix, her friend shares with her that, “You know what, curves are better than nothing,” which helps Elizabeth feel better about herself in the moment.

Some adolescents in this sample described utilizing their mother as a navigational resource. A few seemed to accept their mother’s feedback, while others said they find it challenging to accept what their mothers share with them in attempts to combat feedback they receive about their physical appearance and body size. Andrea, Jocelyn’s mother, for example, noted that Jocelyn seems to be receptive when she tells her daughter that instead of calling herself “fat”, it would be more productive to think about her eating and physical activity habits. Natalia, Bianca’s mother, on the other hand, noted challenges in her daughter being receptive to an alternate message from the one she receives from school peers. Natalia recounted,

Natalia: I, well, like I was telling you, I talk with her. I tell her, *mi’ja*, you have to love yourself as you are. You don’t have to worry about what your classmates...you don’t have to worry about whether they like you...or because...because before, when she started middle school, she would say, I don’t have friends. And she would say, they don’t want to be friends with me because I’m ugly. And I would tell her, you don’t have to worry about that, daughter, soon you will find a friend who will like you just as you are, and she’ll confide in you. And so, that’s how I tell her, that she has to love herself and accept herself as she is.

Interviewer: And how would she take that?

Natalia: No, she would just shake her head [no], and tell me, “that’s not true”.

This section outlined the manners in which others in the adolescents lives serve as navigational resources for messages they receive about their physical appearance and body size. As noted earlier, the messages adolescents also elicit behavioral reactions from the adolescents, which is discussed below.

Behavioral reaction towards sources of messages. Along with utilizing themselves and others as navigational resources to address messages received about their physical appearance and size, a few of the adolescents also demonstrated a behavioral reaction towards the sources of messages, particularly when the message related to overweight being undesirable. (As noted in the introduction of this chapter, the adolescent’s behavioral reactions towards their mother’s use of constant vigilance are discussed in Chapter 10.) These adolescents appear to engage in *passive behavioral reactions* in which they do not engage much verbally or physically with the source of the message they received and *active behavioral reactions* in which they engage verbally and/or physically (e.g., yelling; hitting; slapping) with the source of the message they received. For example, while Jocelyn shared the manner in which she utilizes herself as a navigational resource through self-talk, her mother described Jocelyn’s passive behavioral reactions to messages she’s received from a medical provider and her stepfather. Andrea describes Jocelyn’s behavioral reactions below,

Interviewer: Okay. Um...and in terms of messages that you feel that you’ve gotten from, or that Jocelyn has gotten from medical providers, what has that been like? Like, what have they told her that you’ve seen?

Andrea: Honestly, I think pretty much only, maybe two doctors have said something. One is the geneticist and like, one of her annual check ups.

Interviewer: Okay. And, what did they say?

Andrea: Well, the geneticist, she's pretty frank, and you know, she basically said, she's gaining weight. I'm tryin' to remember how she worded it... she basically said that "Jocelyn is putting on weight, she's becoming obese, and I feel like that's something we should look into". And she mentioned the ACES clinic, so.

Interviewer: And, does she talk to Jocelyn directly or just with you?

Andrea: Well, first she talked to me, and then she kinda told Jocelyn. But, I think, had the doctor gone into more detail, it would've been better.

Interviewer: So, tell me a little bit about that.

Andrea: Well, she just basically told Jocelyn that her concern was that, uh, she wanted her to go to the ACES clinic so they could help her with weight management because she was being considered because of her mass, obese.

Interviewer: And, how do you feel Jocelyn took that?

Andrea: Jocelyn...I think she kinda...I don't know. I know my daughter, and I know she kinda gets quiet, but that's her way of shutting down when either it's something she doesn't like what she heard or it offended her.

Interviewer: Okay.

Andrea: So, I don't know which of the two it really was. She kinda started shutting down. It may have offended her or hurt her feelings. , so...

Interviewer: Yeah.

Andrea went onto share that her daughter receives similar feedback about her body size from her stepfather, noting that, “the way he [Jocelyn’s stepfather] comes across, like, it makes her upset, and she ends up not talking to him”. Similar to a few of the other adolescents in this sample, Jocelyn seems to engage in *passive behavioral reactions*, such as, “*shutting down*” and “*pushing away*” from others when provided feedback that being overweight is undesirable to navigate her emotional response (e.g., being emotionally hurt) to these messages. Eloisa noted trying to “*provide minimal reaction*” to her brother’s comments about her being “fat” in order to not provide evidence that his comments hurt her feelings. She discussed,

Eloisa: I start crying cuz I can’t take it. Every time my brother calls me that [“fat”] when he’s mad and all that [...] I’m like a sensitive girl, and he has called me that, and I cry, and he won’t stop. And like, I don’t like it. I’ve been like trying to stop being sensitive, and just be like, ‘thank you’, or tell him, ‘thanks’, and then just take it.

Interviewer: Yeah...so kind of not giving him the reaction he’s looking for, but...and at the same time, just taking it?

Eloisa: Yeah.

A few of the adolescents reported that they engage in more *active behavioral reactions*, including talking with, yelling at, and hitting the sources of the message received as they navigate their emotional response to this message. Elizabeth, for example, noted yelling at her younger brother when he makes comments about her being “fat” and a “couch potato”. Bianca

reported a similar active behavioral reaction when her brothers communicate messages of being overweight is undesirable to her, and sometimes tells her parents what happened. Bianca noted,

Interviewer: And, what are things that upset you?

Bianca: My brothers.

Interviewer: And what do they do to-

Bianca: They bother me.

Interviewer: And, what do they say to you?

Bianca: Eh, they call me fat.

Interviewer: Yeah.

Bianca: And they say mean things. And I say mean things back. Sometimes I tell my parents.

Bianca's mother, Natalia, added that her daughter "cries, screams, and she hits them [her brothers]" when responding to these comments from her [Bianca's] brothers.

Adolescents in this study appear to engage in behavioral reactions, including passive and active behavioral reactions, when receiving messages about their physical appearance and body size. It appears that the messages received may influence the reaction they have towards the source of the message.

Chapter Summary

This chapter outlined the adolescents' body image self-schema, and the reactions the messages adolescents receive elicit from them. Reactions discussed include the adolescent's emotional and cognitive reactions. The manners in which adolescents navigate messages

received about their physical appearance and body size were outlined, including their use of themselves and others. Further, adolescents' behavioral reactions to the messages they receive were discussed. Chapter 10 presents potential influential factors in the adolescent's use of her mother as a navigational resource.

CHAPTER 10

ADOLESCENT'S USE OF MOTHER AS NAVIGATIONAL RESOURCE: MOTHER-DAUGHTER RELATIONSHIP

This chapter presents factors that appear to influence the adolescent's use of her mother as a navigational resource of messages received about her physical appearance and body size, including what the adolescent herself thinks and feels about her body. As noted in the model (Figure 2 in Chapter 5), these factors include the adolescent's perception of the availability of her mother, trust and openness in the mother-daughter relationship, and the adolescent-mother reaction feedback loop stemming from her mother's constant vigilance. An overview of the adolescents' perceptions of their relationship with their mothers is presented below, followed by discussion of the three salient components that emerged from the data.

Mother-Daughter Relationship

As the author conducted the interviews and analyzed the interview transcripts of these nine mother-adolescent dyads, the category of the mother-daughter relationship arose from the data. Adolescents' description of their relationship with their mother ranged from "rockety" (Maite) to "really tight" (Amelia), with the majority of the sample generally reporting a positive relationship with their mothers. The author noticed a trend in the data that the majority of these adolescents do not seek their mothers as a navigational resource regarding their thoughts and feelings about their body size (influenced by messages received from others, including themselves). As the author reviewed the data, three factors appeared to be influential in the adolescent's use of her mother as a navigational resource. These factors are availability of mother to spend one-on-one time with the adolescent, trust and openness in the mother-adolescent daughter relationship, and the mother-adolescent reaction feedback loop regarding

reciprocal mother-adolescent reactions to the mother's use of constant vigilance. These three factors are discussed below, beginning with the availability of mother to spend one-on-one time with the adolescent. It is important to note that while many other factors may influence the adolescent's use of her mother as a navigational resource regarding her thoughts and feelings about her body size, along with messages received about her physical appearance and body size, the three aforementioned factors appeared to be the most salient within the data attained from these adolescents and their mothers.

Availability of Mothers

Some adolescents noted having a challenging time talking with their mothers about how they feel about their bodies, as they do not feel as though they have much time with their mothers. Rebeca, for example, discussed disliking the size of her stomach with the interviewer. When asked whether she shared these feelings with her mother, Rebeca noted challenges in being able to spend one-on-one time with her mother,

Interviewer: And, do you talk with your mom about that, that you would want to change your belly?

Rebeca: No.

Interviewer: Who do you talk to about that?

Rebeca: No one.

Interviewer: What makes it...is it hard to talk about?

Rebeca: Yeah.

Interviewer: What makes it hard?

Rebeca: That I can't tell my mom.

Interviewer: That you can't tell your mom?

Rebeca: And because there's a lot of people...my dad always wants to spend time with my mom, but I want her to spend time with me.

Interviewer: So, it's tough to have one-on-one time with your mom sometimes?

Rebeca: Yeah.

A few of the adolescents discussed having a close relationship with their mothers, which they attributed to spending quality time with their mothers. However, when asked about whether they share with their mothers how they feel about their body size, it was noted that this does not often occur. As Elizabeth expressed,

Interviewer: What makes it easy to talk with your mom, 'cause there is some people that –

Elizabeth: I'm really close to my mom. I've always been close to her, you know? My mom and my dad are divorced. My dad wasn't really around a lot growing up, so all I had was my mom.

Interviewer: So what has helped you be closer to your mom? 'Cause there are some people, right, who are like in your – who have parents who are divorced, and they don't have like a strong relationship with their moms. I'm serious.

Elizabeth: We have a mommy-daughter day, and like –

Interviewer: So what do you guys do with mommy and daughter days?

Elizabeth: We go to the movies. We do stuff together, like we go to the movies, and we love Chinese food, so we go eat Chinese, or we go shopping and do stuff together, and just spend the day together and like that.

Interviewer: And how's that for you?

Elizabeth: It's fun. You know, like I'm getting older, and I really don't want to spend as much time with my mom, but like I loved my mommy and daughter days. I would look forward to them; I really do

[...]

Interviewer. So what sorts of things do you say to your mom about how you look?

Elizabeth: I don't. I'm not really good at opening up to people.

As noted above, the mothers' availability to spend one-on-one time with her daughter may be an influential factor for a few, but not all, of the adolescents within this sample. The adolescents' perceptions of the trust and openness in their relationship with their mothers is discussed below.

Trust and Openness in Mother-Daughter Relationship

Adolescents in this sample expressed the trust and openness they had with their mothers when discussing their relationships with their mothers. Further, the data suggested that this may be an influential factor in the amount that they disclose to their mothers about themselves.

Jocelyn, for example, expressed feeling as though she could be open with her mother about how she feels about her body.

Interviewer: And how often do you talk with your mom about how you feel about your body?

Jocelyn: I'm pretty open with my mom, and she's pretty open with me, so...if I ever have a problem or anything, I can basically talk with her about it.

Jocelyn went onto share instances in which she utilized her mother as a navigational resource, including talking openly with her about physical changes she has noticed as she has increased her physical activity.

For Eloisa, *trust and openness in the relationship* influenced how much she talks with her mother about her weight in particular. She stated that she recognizes her mother would like for her to talk about this with her, but Eloisa cites that she does not have enough trust in her mother to do so. She went onto say that she used to trust her mother, but once she began to notice that her mother would talk with others in her family about her weight, including sharing her weight with them, Eloisa decided to stop talking with her mother about her weight, noting

Like, it was kind of, like, I do talk to her, but I don't tell her about my weight, the problems, and she wants me to tell her. And like, I just can't feel the trust because like, I don't want her to be telling other people about it.

Norma (Eloisa's mother) expressed a similar sentiment, noting,

I tell them over there [at ACES] that she, like mother and daughter, she doesn't trust me.

I tell her that my son has more trust in me than in their dad. And she doesn't say anything to me, she doesn't tell me anything.

As noted above, an adolescent's perception of trust and openness in her relationship with her mother may influence her use of her mother as a navigational resource. Another potential influential factor, the adolescent-mother reaction feedback loop, is provided below.

Adolescent-Mother Reaction Feedback Loop

As discussed in Chapter 7, mothers' engagement in constant vigilance is one manner in

which they communicate messages that being overweight is undesirable (for health reasons) to their daughters. Statements included within constant vigilance, as suggested by the data, are demanding statements, suggesting statements, and praise (efforts-based and appearance-based). These statements from mothers elicit various reactions from their adolescent daughters, including emotional, cognitive, and behavioral reactions. These, in turn, influence their mother's emotional and behavioral reactions to the adolescent's behavioral reactions, which sometimes leads to the mother communicating to their daughters in a hurtful manner about their body size. As these reactions are reciprocal in nature and are influenced by one another, the author is utilizing the term adolescent-mother reaction feedback loop to describe these interactions between mothers and their daughters. The adolescents' reactions to her mother's constant vigilance are presented first, including the potential influential factors of being left out and use of a "team approach" when implementing healthy living changes.

Adolescent Reactions. The reaction of the adolescents in this sample regarding the constant vigilance from their mothers related to their healthy living habits varied. Most of the adolescents expressed that they find this behavior helpful, as they recognize their mothers are trying to help them remain healthy. As noted by Maite:

...she's [my mom's] always on my case. She's like, "I don't want you gaining more weight like you did before. I don't want you getting sick", and stuff like that. So she's always reminding me and stuff. I'm like, "Oh, okay. I'll remember- you won't be on my case anymore".

While many adolescents expressed their mothers' engagement in this behavior to

be helpful, the data suggests their reactions appear to be influenced by the type of constant vigilance their mothers are using (e.g., demanding vs. suggesting statements vs. praise), communication of help and engaging in a “team approach”, and whether the adolescent feels “singled out” by their mothers. These factors are presented below.

Mothers’ use of demanding statements. As noted above, adolescents’ emotional and behavioral reactions towards their mothers’ constant vigilance appears to be influenced by the type of constant vigilance statement their mothers use. For instance, some of the adolescents reported experiencing feelings of sadness, anger, and frustration (**emotional reactions**) when receiving demanding statements (in particular) from their mothers with regards to their eating and physical activity habits. As noted by Mariana (Yanet’s mother):

Sometimes, as much as I tried for her to not eat this, or not eat that other thing, she would always get mad...I would tell her, “we’re not going to eat that because I want you to try to lose weight and all of that”. And then, she would get mad, and all of that.

Further, some of the adolescents outwardly respond in an apparent defensive manner (representative of their behavioral reaction). When discussing her behavioral reaction to her mother talking with her about her eating and physical activity habits, Magda (Margarita’s daughter) recalled:

Magda: It’s always, “exercise. Don’t watch TV anymore”.

Interviewer: What do you say?

Magda: “I don’t care. It’s like, it’s not like your body or anything”, so.

Both mothers and daughters in this sample noted that the adolescent's defensive reaction sometimes lead to arguments between mothers and their daughters. As Sonia (Rebeca's mother) expressed:

Sonia: Well, I noticed that she was getting fatter, because I thought it was because she was watching television and would eat food that was like, food, and she would be there watching television, and I would tell her that she was going to gain weight...and I tell her that she's gaining weight, because also I don't want her to get more diabetes and cholesterol, no, I don't want that for my daughter.

Interviewer: And so, what do you tell her?

Sonia: That she stop eating so much stuff, that I am not going to buy it for her.

Interviewer: And how does she take that?

Sonia: Badly.

Interviewer: What does she tell you?

Sonia: "I'm going to buy my own stuff, because I have to buy them for myself", and I tell her, "No, because you're gaining weight really badly", and that's why we fight sometimes- I just tell her, "Rebeca, don't eat so much stuff like that, you're going to get fatter".

As noted in this example, mothers' emotional and behavioral reactions towards their daughters' reactions to their constant vigilance may influence their mothers' making a seemingly more hurtful statement about their daughters' physical size.

Help and team approach. Some adolescents appear to be receptive of the suggesting and demanding statements their mothers provide when an offer of help is communicated to them. As stated by Yanet (Mariana's daughter):

Yanet: My mom would tell me, "I think you've gained a little weight, and Imma help you lose more weight". Or like, she was supportive.

Interviewer: Mhm. How was it for you...could I ask, like, when you started getting those comments, that like, oh you know, like, you are gaining a little bit of weight, like, I'm gonna help you. Like, when did you start getting those comments?

Yanet: I think when I was like, 12, I think, yeah.

Interviewer: Okay. And, how was that for you to hear from your mom, that like-

Yanet: Well, at times, it was like, I would get, like sad, you know. Like, her telling me this. But then, at the same time, I would like, get a lot of energy from her and say, okay, do this and that for me to lose weight.

Further, some of the adolescents appear to be more receptive to their mothers' constant vigilance when lifestyle changes (e.g., eating and physical activity habits) are taken as a "team approach" (e.g., mother and adolescent engaging in changes together; changes engaged as a family), as Amelia expressed:

We're really getting into it both of us together. We're doing it together. It's not just me. It's her and we're doing it together...it has really helped us – I mean, it helped me because if she can do it then why can't I?

Mothers' reactions towards their daughters' receptiveness to engaging in healthy living habits may influence her approach towards her daughter. As noted above, adolescents seem to find their mothers' constant vigilance to be helpful when it comes from a "team approach". Outlined below is a potential influential factor in the adolescents' receptiveness to their mothers' constant vigilance.

"Singled out". The data suggests that even when some of the adolescents were receptive to their mothers' comments and constant vigilance, viewing it as helpful and productive, their frustration and confusion increased when they noticed that their mothers were treating their other siblings differently with regards to food, making them feel "singled out", as noted by Maite:

What I didn't understand is that when we would go to the store, my mom would let my brother and sister grab a bunch of junk food and she wouldn't let me. She'd always be like, "That's not good for you", and this and that. But you're letting my brother and sister grab some food. So that's what would get me confused. So I'd just be like, Okayyy.

For Amelia, this feeling of being "singled out" by her mother provokes some questioning in her mind of whether she is trying hard enough with her physical activity and nutrition habits to please her mother. As she explains:

Interviewer: And I'm wondering because you mentioned, "I don't know what my mom wanted, maybe someone more like my sister because she's skinnier". So when you start to think about that, "am I really what she was expecting", what sorts of thoughts go through your head or what sorts of feelings do you experience?

Amelia: Well the same feeling as not knowing if I was what she envisioned of her first daughter kind of like is should I be more trying – should I try more than what I already am and trying to lose weight or changing more things and how I do stuff.

As noted above, adolescents' receptiveness to their mothers' constant vigilance may be influenced by whether the adolescent feels "singled out" regarding the need to make healthy living changes. Discussed below are mothers' reactions to their daughters' behavioral reactions to their constant vigilance.

Mother Reactions. For some mother-adolescent dyads in this sample, conflict between them seems to arise when mothers observe that their daughters are not responding in the manner they would like to their constant vigilance (i.e., their daughters are not being receptive to making healthier changes in their lives regarding nutrition and physical activity). This seems to lead to mothers having emotional reactions, comprised of feelings of frustration and anger towards their daughters, as the adolescents are not complying with the help they are attempting to provide through the use of demanding and suggesting statements. The data suggests that some mothers may make comments about their daughter's physical size when frustrated with their daughter's lack of receptiveness to implementing healthy living changes. As noted by Norma (Eloisa's mother): "And, sometimes, it's like that bothers her, that I continue telling her and telling her why she's like that. I mean, that we [mother and Eloisa's siblings] continue reminding her how she looks".

One mother, Gisela (Elizabeth's mother), spoke of the potential influence of external stressors on her communication of frustration towards her daughter for her physical size, along with her daughter's reaction to this message:

There have been rare occasions in which I have gotten mad, and I've said something about the weight. One incident that happened not too long ago, was when she turned 15 years old, and when we bought her the dress- we also spent a lot of money on it, you're talking about almost- it's a huge event, you're talking about a wedding, at the level of the quinceañera, you're talking about almost the level of a wedding what you spend, I think it was \$14,000, the whole damn thing.

The dress, we had it made, the dress; and so, when she went to try it on, it fit her well; but, when she- when we went to order it, when it came, so- yes, it was...yeah, when it was done, I brought it home, and about a month or something, before the quinceañera, it didn't fit her, and me in my head, I was like, "Oh, my God, I'm not going to pay so that they alter it, one. Two, her dad is coming, and he's already on me about her being fat, and here she goes getting fatter in the last month, so, instead of losing weight, and it was when- I felt right there, like, really? - That I did say to her, "Why in the hell can't you, if not lose weight, at least maintain yourself in the same weight?" Of course I felt bad afterward, speaking to her like that, right? I told her, "I can't believe that, this is why I always say that you need to...", you know. And, I was going on and on. And I know I made her feel bad because she just started crying, and crying. And, she lost some weight after that. She was watching what she was eating, trying to go for walks, and the dress did fit her again when- well, it was tight, but at least it closed.

While Gisela expressed that Elizabeth demonstrated a more mindful approach towards integrating healthy living habits into her life after the abovementioned incident, it is important to note that this shift in Elizabeth's lifestyle was short-lived, as Gisela stated that Elizabeth continues to gain weight and does not follow through with her suggestions to exercise and be

mindful of her food portions. This suggest that a mother's utilization of constant vigilance-demanding statements, in combination with their feelings of frustration, may not encourage sustainable change with regards to healthy living habits they would like for their daughter.

Maite, Barbara's daughter, discussed that her mother's approach towards her regarding discussion about her body size prevents Maite from talking with her mother about her body. She noted,

Interviewer: And when you and your mom do talk about your thoughts and your feelings about your appearance, what does your mom say to you?

Maite: I can't really talk to my mom because she starts screaming. That's how my mom is. She just starts screaming. So I can't tell her anything. If she's- when she starts telling me about my weight and stuff like that, she starts saying it in an annoyed mood and that's when I get mad and so I don't talk to her. I don't tell her anything.

Of note, Barbara recalled that her approach towards her daughter when frustrated lead to her daughter's feelings being hurt. Barbara discussed that she has realized this approach has not been beneficial, and has asked for her daughter's forgiveness. Barbara stated,

When I would get upset, I would tell her: "Well, what do you want- to always be fat, and you don't put in your part", and those are not the words that I should use to tell her things, right? I myself too, have hurt her with telling her that, and I have asked for her forgiveness, because it's always good as a parent, to ask for forgiveness from our children, and recognize that we also screw up.

Mothers' reactions to their daughters seems to be influenced by their daughters' behavioral reactions towards their constant vigilance and receptiveness to making healthy living changes. As noted by Gisela, other factors (e.g., stress) may also influence mothers' reactions and messages towards their daughters.

Chapter Summary

This chapter outlined factors within the mother-daughter relationship that may influence these adolescents' use of their mothers as navigational resources. Adolescents' perceptions of their mothers availability, and trust and openness within the mother-daughter relationship were discussed. Further, the adolescent-mother reaction feedback loop was explained, including a discussion of the adolescent and mother reactions to the mother's use of constant vigilance with her daughter. The following chapter integrates results from Chapters 6-10 by illustrating the model with two families' stories.

CHAPTER 11

ILLUSTRATION OF THE MODEL: TWO FAMILIES' NARRATIVES

This chapter presents the experiences of two mother-daughter dyads to provide a more integrated illustration of the major constructs and non-linear processes within this model. In each family's narrative, it is shown how abstract sociocultural contextual factors (macro contextual factors) and the adolescent's experience receiving treatment for obesity (micro contextual factor) influence the dialectical messages the adolescent receives from others regarding her physical appearance, including her physical size. Personal sociocultural factors are then shown to deliver the dialectical messages "being overweight is undesirable" and "accept yourself", in both direct and indirect manners. The mother's beliefs regarding being overweight, her communication of the importance of being a model for her daughter, and her own experience with weight gain are illustrated as influential factors to the delivery of dialectic messages to the adolescent. Also demonstrated are how the mother delivers these dialectic messages through the use of constant vigilance and use of herself as a model. Further, the adolescent's body image self-schema (e.g., thoughts and feelings about her physical appearance, including body size) and her emotional and cognitive (e.g., appraisal and acceptance/rejection of the message) reactions to the messages received are illustrated. The adolescent's behavioral reactions are also discussed, including her receptivity to making/maintaining healthy living changes and seeking resources to help manage/navigate the messages received, particularly the use of her mother. The mother-adolescent relationship feedback loop is then illustrated, including the mother's reaction to the adolescent's reaction to receiving messages about her physical appearance, including her body size. The consequences of these actions are then discussed, including the adolescent's propensity to use her mother as a resource to manage messages received from others. Other salient factors to

the adolescent's use of her mother as a resource to manage messages, including the openness and trust in the mother-daughter relationship and her perception of her mother's availability to talk with her, are also presented.

It is helpful to keep in mind that when the interview questions were originally designed, the topic of interest was not examining the adolescents' motivations to lose weight, or exploring the process by which weight loss occurs; thus, the process that revealed itself pertains to the messages these adolescents receive, how they navigate these messages, and their mother's role as a source and navigational resource regarding these messages.

The Baez-Smith Family

Gisela Baez, age 36 years, has raised her daughter, Elizabeth Smith, age 16 years, and her son, Federico Smith, age 12 years, as a single mother for approximately eight years. She separated and divorced her children's father, Eric Smith, who is Mexican-American, when Elizabeth was 8 years old. Gisela is originally from Nuevo Laredo, Mexico, and moved to the U.S. when she was 18 years old. She graduated from high school in Mexico, and moved to the U.S. in order to be closer to her mother, who moved when Gisela was approximately 16 years old. Gisela currently works as an x-ray technician at a local hospital. Elizabeth was a junior in high school at the time of the interview.

Gisela and Elizabeth noted that Elizabeth has "always been on the heavier side" (Elizabeth's words). With regards to the **micro contextual factor** of Elizabeth being an adolescent receiving intervention for obesity, Gisela began to grow more concerned about the rate at which her daughter was gaining weight, her inactivity, and excessive eating when Elizabeth was 11 years old. Gisela stated that she was prompted to action when Elizabeth's

pediatrician told her that Elizabeth was “very overweight” when Elizabeth was approximately 13 years old. Elizabeth’s pediatrician discussed a referral to ACES clinic, but Gisela opted to explore another option, as she was unable to commit to the frequency of visits (of note- Gisela stated that she originally thought the visits were every week, and decided the intervention was something she could not do; once she received information that visits were every 4-8 weeks a few years later, she accepted the referral, and was placed on the ACES waitlist).

At the time of the interview, Elizabeth had been an ACES patient for two months. Gisela stated that her goal for Elizabeth’s participation in ACES weight management clinic is for her daughter to lose and then maintain her weight loss. She shared her worries that her daughter would not develop “self-control” over her eating, which is something that Gisela has struggled with herself. With regards to her **experience with being overweight**, Gisela shared that she became “very fat” after the birth of her two children, and stated that she used food as a form of coping while in an abusive relationship with her children’s father, who she shared is “morbidly obese, like, I’m talking about 400, close to 500 pounds.” While she notices herself overeating when under significant stress, Gisela stated that she has tried to become more conscious of this behavior over the last few years, and asks herself whether she is hungry when she notices herself overeating. Gisela noted that she endured discrimination from her co-workers when she was “very” overweight, which is something she does not want her daughter to face.

In reference to her **health-related beliefs about being overweight**, Gisela shared concerns about not only the potential health complications from being obese (e.g., diabetes; high blood pressure; depression), but also the effects that her daughter’s overweight may have on the medical care she receives as she gets older. Gisela noted how poorly obese patients are medically treated at the hospital she works. She attributed this maltreatment to the weight limits and limited

effectiveness of medical equipment used (e.g., MRI machines; hospital beds; ultrasound machines) on those who are morbidly obese because of their body size. When asked about **perceptions about her daughter's physical size**, Gisela shared that Elizabeth is a “couch potato”, and does not exercise. As she shared this thought with the interviewer, Gisela pointed to the couch in the living room, and noted that it was broken on the right-hand side because Elizabeth sat on that side throughout the summer watching television. Gisela said that she frequently tells Elizabeth that she *should* eat healthier and engage in physical activity through the use of **demanding statements**, and is **constantly vigilant of her physical size** (e.g., observing when her daughter is gaining weight). Gisela noted that she engages in these behaviors because she does not want her daughter to endure the challenges she faced when she was overweight. Further, she communicated the importance of **serving as a model** for Elizabeth, noting that she tries to cook healthy meals and exercise regularly.

Elizabeth shared feeling **accepted as she is** (with regards to her physical appearance and body size) by her mother's side of the family, which she attributed to their **cultural background** (e.g., being “more Mexican”; represented as a **macro contextual factor** within the model). She stated that she enjoys visiting her mother's family in Mexico, as they do not judge her because of her physical size. Elizabeth shared, “They don't treat me differently, you know. Like sometimes like, *comete un taco, mi'ja, echate otro* [eat a taco, darling, eat another one].” When asked about comments received from her maternal grandmother when she was alive, Elizabeth shared that while she did not recall specific comments, she always felt accepted by her, as “she loved me for who I was, you know?” Elizabeth noted that she visits her father's family in Houston on her way to Mexico (Gisela drives the family from Austin to Nuevo Laredo, Mexico, stopping in Houston so Elizabeth and her brother can spend time with her father's side of the family). Elizabeth stated

that she does not enjoy her visits with her father's family, who she considers to be "more American", as she feels her body size is less accepted by them. For example, Elizabeth's paternal grandmother communicates messages to her granddaughter suggesting that "**being overweight is undesirable**" for aesthetic reasons, which leave Elizabeth feeling sad. She recounted, "she [paternal grandmother] would always be like, '*mi'ja*, you'd be real pretty if you were skinny', stuff like that, and I really didn't like that." Elizabeth went on to say that when she visited her father's family as a child, her paternal grandmother would frequently tell her to run on a track by the house before playing with her brother and cousins, who were playing in the playground. Of note, Elizabeth would be the only one to receive this **demanding statement** with regards to her physical activity.

Discussing the influence of **media** (another **macro contextual factor** represented in the model) on her life, Elizabeth shared that she watches television shows on Netflix, and mostly English-language shows (e.g., *Gossip Girl*; *Melissa and Joey*), some Spanish-language television (e.g., *Rosa de Guadalupe*), and one Korean soap opera (e.g., *Boys over Flowers*). Elizabeth described the actresses on the English and Korean-speaking shows as "super skinny, like no flaws in their skin...and then their hair's on point [no frizz; hair always in place]." With regards to the Spanish-speaking actresses, Elizabeth noted that these women were "really well built, like the Mexican ladies had like curves, and the really long hair, and really pretty skin." She shared that the show *Rosa de Guadalupe* (a show that recreates real-life scenarios with actors) highlights women of all body shapes, which she likes because it is more "realistic". While Elizabeth shared her beliefs around women on English and Korean television receiving help to enhance their appearance (e.g., plastic surgery; make up; stylists), she finds herself sometimes wishing she looked like them because of their physical appearance, especially their thin body

shape. Elizabeth indicated that she navigates the messages she tells herself while watching these television shows (which relate to “**being overweight is undesirable**”, as she expresses a desire to look like these women in media instead of like herself) by utilizing self-talk to remind herself, “curves are better” (a comment her best friend originally shared with her, which connotes a message to embrace and **accept** the body shape she has). Elizabeth’s actions suggest that she utilizes her best friend’s message as a way to manage her desire to look like the women portrayed in media, and to remind herself to **accept herself** as she is.

Elizabeth reported that she receives messages from others that “**being overweight is undesirable**”. She shared that her brother tells her that she is “fat” and should “stop being a couch potato,” which hurts her feelings (**adolescent’s emotional reaction** to comment received). Elizabeth noted that when her brother tells her this, she begins yelling at him (**adolescent’s behavioral reaction** to message received), and Gisela intervenes. Gisela shared that she tells her son, Federico, to be mindful of his sister’s feelings, and recognize that “just because you are thin now doesn’t mean that you will be this way forever”. Elizabeth went on to say that after she and her brother fight, she tends to stay in her room in order to calm down.

Elizabeth noted that medical providers often tell her that she “should lose weight” (a communication that **being overweight is undesirable**). When told this, Elizabeth reacts in a defensive manner (**adolescent’s behavioral reaction** to message received), opting to not talk about her weight. She stated, “I get defensive. Like I know I’m overweight, but like, I don’t feel comfortable with strangers knowing my weight, all of that. Like, I don’t know you.” She expressed a desire for medical providers to “get to know” her first, prior to discussing her weight, which would help her be more receptive to their suggestions on how she could implement healthy living changes (e.g., increase physical activity and eat healthier).

With regards to peers, Elizabeth shared that she is not teased at school. While at school, she sometimes compares herself to other female peers, which results in thoughts that **being overweight is undesirable**, as she thinks to herself that she is unable to wear the same clothes that they wear because she is overweight (adolescent's **body image self-schema**). She recalled,

Like I see the girls at school and like some of them are really skinny, and they wear like really cute clothes and stuff. I was like, "I wanna wear that, but I can't, 'cause I'm scared it won't look good on my body."

Gisela provides Elizabeth feedback on her clothing choices, especially when she notices her daughter becoming frustrated when she does not find clothing in her size. Gisela tells her daughter when she believes clothing is flattering on her and when it is not, given Elizabeth's physical size. For example, Gisela suggests that Elizabeth wear looser-fitting clothing, and to wear jeans instead of skirts so that they give her "some shape." Gisela also noted that while she believes Elizabeth "looks good" in sleeveless shirts, she notices that these shirts do not look as good on her daughter when she begins to gain weight, as through her constant observance (**constant vigilance- observation**) of Elizabeth's physical size, Gisela notices that her daughter gains weight around her face and neck. Gisela noted having similar views towards herself with regards to dressing, noting that clothes tend to look "better" on those who are thinner. She stated that she tries to make the most of her physical attributes, always being cognizant not to go over a certain size in clothing. Gisela stated that she does this in order to be aware of changes in her own physical size. Given this information, it appears that both Elizabeth and Gisela have similar views **on clothing options as a limitation to being overweight**, which can make **being overweight undesirable**.

Regarding comments she receives from peers at school, Elizabeth noted that she does not receive many comments, aside from others telling her that she is “pretty”, or, said another way, that she should “**accept [her]self**” as she is. As Elizabeth **is cognitively reacting** to this message, she compares it to the definition she has created for herself of what “pretty” means (**appraises message**). Given that she does not fit the definition of what she perceives to be “pretty” (adolescent’s **body image self-schema**), Elizabeth **rejects this feedback** on her physical appearance (**adolescent navigating message**). When discussing with her friend group, Elizabeth’s comments suggested that her friends communicate in indirect ways (e.g., actions) that they “**accept**” her as she is, as they do not leave her out of activities because of her physical size (e.g., going to Starbucks together; going to movies), and do not treat her differently because of her body size.

When asked about her relationship with her mother, Elizabeth shared that they have a “great” relationship and have “mother-daughter days” a few times a month in which they spend the whole day together (e.g., get pedicures together; go to the movies; go out to eat; **availability of mothers**), which she very much enjoys. Elizabeth shared that she feels comfortable talking with her mother and enjoys living with her. Elizabeth also expressed that she observes her mother engaging in behaviors in order to be healthier such as, cooking healthy meals, being mindful of what she eats, and engaging in physical activity (viewing her **mother as a model**). Elizabeth noted that her mom frequently insists that she exercise (use of **constant vigilance-demanding statements**) and suggests that they take Zumba classes together (**constant vigilance- suggesting statements** and taking a “**team approach**” to physical activity), which Elizabeth declines, noting that she usually reacts by walking away when told by her mother to exercise (**adolescent’s reaction to mother’s constant vigilance**). Gisela noted that when she

tells Elizabeth to increase her physical activity, her daughter changes her behavior and becomes “a totally different person”, as she goes from very social and happy, to reacting angrily and going to her room. Gisela shared that exercise “is a very touchy subject for her [Elizabeth].” She continues encouraging Elizabeth to exercise by using **suggesting statements** and relating these efforts to her health. When asked about feedback she receives about her physical appearance from Gisela, Elizabeth noted that her mother tells her she is “pretty and a wonderful girl” (communication that she is **accepted** as she is), though notes **rejecting this feedback** after **appraising** the message, as she believes her mother “is supposed to say those things because she gave birth” to her. Gisela noted that she tries not to make hurtful comments to her daughter about her physical size, which she fears she is “in denial” of (**mother’s perception of daughter’s physical size**), as she does not want to hurt her daughter’s feelings. Gisela shared that she has, on occasion, made a **hurtful comment** about Elizabeth’s physical size, which usually occurs when she is under stress (e.g., Elizabeth’s quinceañera (for additional information about this example, please refer to Chapter 10)). Gisela’s reaction to her daughter’s lack of receptiveness to adopt healthy lifestyle changes and stick with them (e.g., becoming very concerned, frustrated, and exasperated) also appears to play a role in provoking these hurtful comments from Gisela to her daughter (**mother-adolescent relationship feedback loop**). When asked whether Elizabeth talks to her about her physical size, Gisela noted that outside of talking about clothing, Elizabeth does not talk with her about her being overweight. When Elizabeth was asked whether she speaks with her mom about her physical size, her thoughts around not considering herself to be “pretty”, and other feedback she receives from others about her physical appearance, including her body size, Elizabeth shared, “I don’t. I’m not really good at opening up to people.” Further, Elizabeth noted that she rarely talks with others about how she feels about her body size, and tends to

process the feedback received related to **overweight being undesirable** and to **accept herself** on her own (**adolescent navigating messages**). Elizabeth stated that she often manages these feelings by spending time alone, watching television, reading books (e.g., *A Walk to Remember*), and “eating” her feelings (**adolescent’s behavioral reactions** to messages received).

Author’s speculations/interpretations

While this author is unable to “know” with certainty that the cause of Elizabeth’s hesitance to use her mother as a navigational resource is her mother’s previous hurtful comments towards her about her physical size, the following conjectures are offered below, based on the model that evolved from this data:

Given the perception that Elizabeth has of her relationship with her mother (e.g., “great”; they spend time together; Elizabeth feels at ease talking with her mother), this author wonders whether the history of hurtful comments from Gisela to Elizabeth about her physical size (influenced by Elizabeth’s reactions to her mother’s constant vigilance) may contribute to Elizabeth’s hesitance to use her mother as a resource to navigate messages she receives (both from others and herself) about her physical appearance, including her body size. Further, while Elizabeth receives comments from both abstract sociocultural and personal sociocultural factors about her physical appearance, including her physical size, she rarely reaches out to others as a resource to navigate these messages. For the messages suggesting that “being overweight is undesirable”, Elizabeth tends to use food as a way of managing these messages, and her associated feelings to the messages she receives. Elizabeth noted that she usually consumes food that is easily accessible (e.g., potato chips; food that “doesn’t require cooking”) when she is upset after someone says, “really mean things about my weight and stuff like that”. While

Elizabeth shared that she initially “feels better” after eating, this feeling does not last long, as she begins to question her actions. Per Elizabeth, she begins telling herself, “Crap, I should’ve not done that. I’m trying to lose weight, and I’m eating. Like, “why?” These thoughts provoke feelings of regret and sadness, as Elizabeth notes she “can’t take it [her actions] back”.

Elizabeth’s actions suggest that her weight is a very private topic for her, which may be influenced by the feedback she receives from others about it. Instead of seeking support from others to navigate the messages she receives, she opts to engage in solitary activities, including overeating. While overeating provides some initial relief of unpleasant feelings for Elizabeth, these unpleasant feelings soon return, which may reinforce her body image self-schema (i.e., the thoughts and feelings she has about her physical appearance, including her body size).

The Ruiz Family

Mariana Ruiz, age 45 years, has raised her daughter, Yanet Ruiz, age 15 years, as a single mother for approximately six years. Her husband, Antonio Ruiz, was incarcerated when Yanet was nine years old, and remains imprisoned. He calls everyday on the phone, and speaks with Yanet and her mother. The status of the relationship between Mariana and her husband remains unclear, and this author did not feel it appropriate to probe further. Mariana is originally from Chiapas, Mexico, and moved to Mexico City, D.F., when she was 26 years old, with her husband and their two daughters. Yanet was born in Mexico City, D.F., and she, her mother, and father, moved to the U.S. when Yanet was 2 years old.

Yanet and Mariana recalled that Yanet had a thin build when she was an infant through about age 5 years, and then became heavier as the years passed. Regarding the **micro contextual factor** of Yanet’s status as an adolescent receiving treatment for obesity, Mariana noted that her

concern over her daughter's excess weight began when Yanet was about eight years old. She stated that Yanet was "heavy, you know, a little too much" (**perceptions about her daughter's physical size**). Mariana recalled that prior to ACES, she would often tell Yanet that she "should not eat this, or not that other thing" and that she should "join and play a sport for exercise" (**constant vigilance-demanding statements**). Mariana noted that when she made these comments to her daughter, Yanet "would always get mad" (**adolescent's emotional reaction to comments received**), and would not make efforts to change her eating or physical activity habits.

Yanet's physician referred her to ACES weight management clinic when she was approximately 12 years old, because of her excess weight. At the time of the interview, Yanet had been an ACES patient for approximately 3 years. Mariana expressed that her goal for Yanet regarding her participation at ACES clinic is "to continue with the eating and exercise changes" Yanet has made since starting the program. Mariana noted she would also like for Yanet to "in the future, she, you know, have that understanding of what makes you fat, what you shouldn't eat" so that she may serve as a model for her own children. Yanet's goal for herself is "to eat more healthier, like, keep up with my eating right. And then, like, exercise." Further, Yanet shared that she would also like to continue "making the right choices" with regards to nutrition. When asked to elaborate what she meant by "right choices", Yanet stated, "instead of eating junk food, like chips and stuff like that, like, I go for something more healthier, like a salad or a fruit, like that."

Once they started ACES, Mariana noted that her daughter has been consistent in adopting healthy living habits, including playing team sports (e.g., volleyball; soccer; basketball). Further, Mariana noticed that her daughter enjoys herself as she plays these sports. Mariana shared, "even though she [Yanet] falls, she gets hurt, they tear her eyelid open- she's had an innumerable

number of accidents- but she like sit, she enjoys it, she likes it.” Additionally, Mariana noted that she compliments Yanet for maintaining this healthy living habit (**constant vigilance- praise**).

Mariana noted the importance of being and remaining an example for her daughter of healthy living (**mother as model**) by eating healthy (e.g., “I don’t eat tortilla, no flour, the carbohydrates. Taking care of myself with the things that don’t make me gain weight”) and exercising (e.g., dancing Zumba everyday). Further, Mariana provides messages to Yanet about engaging in these healthy living changes as a team, stating, “I tell her that we should eat healthy” (**constant vigilance; team approach**), and researches on the Internet “what is good and what is not good to eat”, encouraging Yanet to do the same. Mariana cited Yanet as her motivator for maintaining a healthy lifestyle (e.g., eating healthy and engaging in physical activity). Mariana discussed, “More than anything, it’s for the girl [Yanet]. Because she is the youngest I have, and she’s too young still to let myself deteriorate.”

Mariana shared her struggles with being obese and her challenging relationship with food (mother’s **experience with being overweight**). Mariana noted that she has a history of utilizing food as a form of pacifying her unpleasant feelings, which began when she was 31 years old and coping with her husband’s alcoholism. She described,

I think it was depression that I had. I didn’t know what depression was, you understand? He drank a lot. And, he didn’t hit me, but every time I saw him drinking, I would say to myself, well, why does he drink? You understand me? Why is he doing it? And that’s how things continued, continued, for years, and I think that’s what...because I would eat, I would eat a lot. He drank. And I would eat, because yeah, I did eat. I ate a lot. On the weekends, he would drink. And then he wouldn’t come home, it was I don’t know what

time at night, and I would get worried, and all of that. And so, I would get hungry. But I didn't know what depression was. And until now, until I got here, that's when I knew it was depression.

There came a point when Mariana thought to herself that her physical size was the reason behind her husband's excess drinking. She discussed,

I would ask him, "Why do you drink?" Until on one occasion, I looked in the mirror, and I said that, because, because I'm fat, is that why? And I saw myself, and on my own, on my own I lost weight. I was telling you that I weighed 210 pounds before, and I lost 50 pounds, 50 pounds lost. And I said to myself, "good"...but not even then did he stop with that [excessive drinking]. And then I said, well, it's not me. The problem is just his. The sickness that he has is his, not mine.

As noted above, after she lost weight (through cooking more at home; less frequent eating at Chinese buffets; going for walks), Mariana noticed that her husband continued to drink excessively. It was then that Mariana came to the realization that she was not the cause of her husband's alcoholism. She stated wanting to maintain these gains towards healthier living and weight loss, and it was during her own journey towards healthier living that she began to have concerns over her daughter's excess weight. She would ask her husband to stop spoiling their daughter with junk food, as Mariana was trying to maintain her healthier lifestyle, and encouraging the family to do the same. Mariana shared that her husband would tell her that Yanet was "still a child", and would continue buying her junk food. Yanet recalled, "I was really attached to him [dad], and he would buy me the food I wanted, or something like that".

As stated earlier, Yanet's father was incarcerated when she was nine years old. This caused significant stress within the family, and caused Mariana to develop facial paralysis. Mariana noted that she became more depressed, coped by overeating, and gained 20 pounds. Yanet recalled the impact her father's arrest had on her and the family,

Yanet: [...] we weren't not together anymore, like, that impact my life really hard.

Interviewer: In what way?

Yanet: Like, it felt like I lost something. And that's just like, I was like, depressed, because like, I needed my dad with me and my family.

As time passed, Mariana became more concerned over her own health, as her physician told her she had high cholesterol. She noted that she was inspired again to lose weight and live healthier, as she did not "want to get diabetes, because once your sugar is high, that's it- you can go blind, and things like that" (**mother's beliefs about being overweight**). It was also during this time that Yanet was referred to ACES by Yanet's physician. Currently, Mariana notes that she has "some time at this weight [164 pounds]. But from there I don't go up" (**limit mother has with regards to weight**).

Regarding comments from medical providers, Yanet shared that she was first told she was overweight by her ACES referring physician [**being overweight is undesirable**]. She recalled the physician stating, "she just said that I was overweight, and that like, I could get diabetes". She recalled feeling "okay" with her physician talking with her about her weight, as "I knew that [I was overweight], and I was like, trying to lose weight, you know, and I just wanted to someone to tell me so I could have, like, more energy, or more effort to [do] it". Further, she noted feeling scared that she could develop diabetes, which seemed to also help her feel more

receptive to making healthy living changes (**adolescent emotional and cognitive reaction** to comment received).

Yanet noted that she does not use media (e.g., watching television; reading magazines; social media; **macro contextual factor**) all that often, noting that she most often uses the Internet (“when I need help with my homework. But, that’s not like everyday.”). As the interview progressed, Yanet shared that she sometimes stops in the living room while her mother is watching a novela (Spanish-speaking soap opera), and sits for a few minutes to watch the show with her mother. Yanet described the women on these shows as “pretty [...] sometimes by their looks and sometimes by their personalities”. When asked to elaborate, Yanet shared, “Well, like pretty because of their face, and they’re skinny, you know, and...their personalities most of all. Yeah, because someone could be really, really pretty but their personality’s not that great.” She went on to share that she does not “really focus on the actress. I just focus on the show.” Based on Yanet’s comments, it seems that while she describes these actresses’ physical appearance and body size, her main focus seems to be on the personality of their characters and the show’s storyline. While Yanet noted that she does not pay as much attention to the appearance of actresses on novelas, she shared that watching commercials advertising exercise machines influenced her desire to lose weight, as she saw the changes in body shape of the people in the commercials who used the exercise machines. She recounted,

Yanet: [...] seeing in TV that people did exercise and seeing that some girls were really skinny, and like, they like, also by the commercials that they do. Like, if you buy this, what's it called...

Interviewer: Like the hydroxy..?

Yanet: This machine...this exercise machine. Like, it, it shows the picture of the people before, they were chubby, and then from there, they made a progress, you know? That made me want to lose weight and exercise, you know?

Yanet's comment above seems to relate to **being overweight is undesirable**, as she described a desire to lose weight after seeing the change in body size of the people in the commercial for exercise machines.

With regards to comments she receives from her friends, Yanet noted that she does bring up the topic of her body to her friends, though stated that her friends (whom she has had since she was 10 years old) have commented on how she has changed physically. She recalled her friends telling her, "how much different I look, how I lost weight and look nice" (**accept yourself**), which "just makes me feel good because I know that like, I'm doing good, you know. It just makes me feel good" (**adolescent emotional and cognitive reaction** to message received).

Yanet appeared to have a challenging time choosing adjectives to describe her physical size. As she talked with the interviewer, she revealed her perspective on how she sees herself and accepting herself as she is (**accept yourself**- message adolescent tells herself). Further, Yanet shared how she navigates messages from peers about her physical appearance (message: **being overweight is undesirable**) Yanet stated,

Yanet: I don't know if it's right to say that I'm not skinny, but I'm not fat, you know.

Interviewer: Mhm.

Yanet: But, I...

Interviewer: Who decides what's right?

Yanet: Uh, I do, right?

Interviewer: Uh...I don't know.

[Yanet and Interviewer laugh]

Interviewer: You tell me.

Yanet: I mean...you do...you yourself decides what's right for you, because like, because like, I honestly don't care what other people think about me. I just care like, what I see, you know what I mean?

Interviewer: Mhm. What do you see?

Yanet: I see like, a healthy person, you know. Because, some other people may be really skinny, but like...they make bad food choices, or they don't exercise well, or they don't do it that well. Like, I'm just like happy with who I am because I know that I'm...that I'm, like, doing the things that are right, eating more healthier, doing a lot of exercises, focusing on school, stuff like that. You know? And, well, just like...I just don't care what other people say, because kids say like, that I'm fat, or that I'm skinny, and stuff like that, I don't take it to be like, um, who I am, you know?

Yanet expressed that she does not compare her physical appearance to the physical appearance of her peers (**comparison to others**), sharing that she does not “pay attention to what they [peers] look like, you know?”. When asked whether she has always had this mindset, Yanet revealed that she was more invested in what others thought of her when she was more

overweight; however, she utilized **self-talk** as a navigational resource when she felt judged by peers because of her excess weight (**being overweight is undesirable**). Yanet shared,

Interviewer: So, you mentioned that now, it's like, "I don't care what", kind of, "people say about me. They can say that I'm skinny, or that I'm fat, whatever". Is that how you thought back then too when you were chubbier, or was it different?

Yanet: It was kind of a bit different.

I: Okay. In what way was it different?

Yanet: Cuz sometimes I would care what other people say, but sometimes I would just like...it's just me. Like, they say don't, like, judge a book by its cover, so don't judge me because I'm chubby, you know. Like, you should get to know me, and see. If you like me, yeah, I'll keep on talking to you. But, if you don't, like, you know, I won't. You know, something like that.

I: Yeah. And, were you, like, is that something that you experienced, that your classmates judged you because you were chubby?

Yanet: Well, sometimes, but sometimes not.

Interviewer: So, how was that for you, when they did?

Yanet: Well, I was like...I would like, sometimes get mad [**adolescent emotional reaction** to message received]. But then, I started thinking about it, and then I started, well...uh...I started saying like, in my mind, I was like, well, you know it's me. This is who I really am, and then...but then I started thinking about how I could lose more weight, and start doing more things that I could do.

Interviewer: Could I ask, like, who...like if you were...did you talk with anybody about that, or was it more just you and your mind thinking?

Yanet: It was mostly me and my mind. Yeah.

Yanet shared that she feels “great” about herself now, as she sees the progress that she has made to have healthier lifestyle habits (e.g., eating more healthfully; playing sports) and to lose weight. Further, Yanet noted that she would not want to change any part of her body, as she likes everything about her current body shape (**body image self-schema**).

Regarding the relationship Yanet has with her mother, Yanet shared that she feels the relationship is “good”, as “like, we’re honest to each other [...] she’s like, open mind”. In terms of comments she’s received from her mother, Yanet noted that Mariana tells her that she is “losing more weight. Like, you look more like, thinner.” Further, Mariana shared that she is **constantly vigilant** of her changes in her daughter’s body size, and notes that Yanet is receptive to these messages (**adolescent-mother reaction feedback loop**).

Interviewer: And I would like to know about a time in which you and Yanet talked about her physical appearance? Has there been a time in which that topic has entered the conversation?

Mariana: Yes. That she looks better now.

Interviewer: Okay. And who initiated the, how did that come up in conversation?

Mariana: Well, because in the change she’s made, she heard when she first was putting on clothes, and I told her, “mamita, that fits you really nicely, look, you don’t have much stomach anymore. Your waist’s gotten smaller”. And, I’m always looking at her body

[**constant vigilance-observation**], and how it's changing, you understand? How her body has changed.

Interviewer: And, how does she take that conversation?

Mariana: She likes it. She likes it [**adolescent's emotional reaction** to message received].

Interviewer: How do you know that she likes it?

Mariana: Ay, it's that if you saw her, because if she didn't like it, she'd say something [**adolescent behavioral reaction**]. She'd tell me. She says that her friends, teachers at school, tell her that she looks nice, that she's lost weight. Well, I think that when someone tells you, you look good; one feels good. And then, she combs her hair, gives herself a hairstyle.

Interviewer: So, you notice her spending more time on her appearance?

Mariana: A little bit, yes.

Yanet shared that her mother's opinion of her physical appearance means the most to her, as her mother has helped her make healthy changes by "cooking more healthy". Additionally, Yanet noted that she sees her mother engaging in Zumba in their living room "almost everyday", which motivates her to continue with her healthy living habits. As she began ACES, Yanet noted that her mother would tell her when she noticed Yanet gaining more weight, and offered to help her lose weight (**constant vigilance- supporting statement**). While she would initially become sad (**adolescent emotional reaction** to message received), she would also feel more receptive to making healthy living changes because she was receiving help from her mother.

Yanet shared that she talks with her mom about her thoughts and feelings about her own body, stating that her mother compliments her, tells her “keep up with your good stuff”, notices how her body has changed (e.g., “oh look, you’ve lost some of your stomach” (**constant vigilance-praise**) and tells her she is proud of Yanet for the changes she has made to her nutrition and physical activity habits (**constant vigilance- praise**). Further, Yanet shared that she feels comfortable talking about her body with her mother, sisters, and aunt, noting that she talks about her body with her mother the most. Yanet recalled that she has not always talked with others about her body, stating that this is something she did not do when she was “chubbier”, as she did not like talking about her body.

Author’s speculations/interpretations

In this illustration, Yanet appears at ease talking with her mother about her physical appearance, which is something that she did not do with her mother (or anyone else) when she was heavier. While this author is unable to “know” with certainty what may have influenced this change in Yanet’s use of her mother as a navigational resource, the following speculations are offered, based on the model derived from this dataset.

Initially, as this author conducted the interviews with, and read the interview transcripts from this mother-daughter dyad, she speculated that this change in Yanet’s behavior was attributed to her weight loss. As data analysis began, and the author engaged in constant comparison with the data, this author began to think about other factors that may have also influenced this increase in Yanet’s comfort to talk with her mother about her body. Based on the interviews, it seems that Mariana’s use of constant vigilance since starting ACES (e.g., observation; suggesting statements; praise) has played a role in Yanet’s capacity to sustain

healthy living changes. Further, Yanet receiving compliments about her physical appearance and body size from others, along with her feeling good about her body (accepting her body shape), may also make her feel more at ease with talking about how she feels about her body. Additionally, while Yanet felt like she wanted to lose weight after seeing commercials advertising exercise machines (i.e., seeing people who were overweight become thinner; “before and after” images), this did not prompt her desire to lose weight, nor did she continue to express a desire to lose weight as a result of seeing these commercials. Moreover, Yanet’s expressed infrequency with comparing herself to others and her engagement in a physical activity she enjoys (i.e., playing in team sports) may also have shaped how she feels about herself, which then in turn, may have allowed her to feel more at ease with using her mother to help her navigate messages about her physical appearance.

Chapter Summary

In this chapter, a brief overview of the model was outlined and two families’ stories were offered as illustrations of the model. The narratives of these two mother-adolescent dyads demonstrate several important aspects of the model. These illustrations suggest that media and culture communicate messages about physical appearance and body size, with the adolescents’ internalization of these messages being rather varied (i.e., the messages’ influence on the adolescent’s body image self-schema). Further, the adolescent’s status as an individual receiving treatment for obesity represents a more personal context (i.e., micro contextual factor) in which direct and indirect messages about her physical appearance and body size from her personal sociocultural factors, occurs. Both mothers’ beliefs about being overweight, their perceptions about their daughters’ physical size, and the importance they place on serving as a model for their daughters with regards to eating healthy and accepting themselves, may shape the messages

they communicate to their daughters. Elizabeth and Yanet's body image self-schema seems to be shaped by the dialectical messages they receive from others and themselves, which influences their acceptance or rejection of the messages they receive about their physical appearance and body size. As noted by both illustrations, the mothers' use of constant vigilance, while not the sole source of influence, may play a role in the adolescent's receptiveness to make healthier choices with regards to their level of physical activity and nutrition. The mothers' reactions to their daughters' receptiveness to these changes seem to influence their daughter's ease in sharing their thoughts and feelings about their bodies with their mothers.

CHAPTER 12

TRIAD FAMILY NARRATIVES AND COMMON THEMES AMONG TRIADS

The preceding chapters presented components of a model that emerged from the mother-adolescent dyad data illustrating the process by which these adolescents receive messages about their physical appearance and body size, the manner in which adolescents navigate these messages, and their mother's role in the process. As noted in Chapter 3, a thematic analysis was conducted in order to explore common themes among the three mother-adolescent-grandmother triads. As also noted in Chapter 3, the model that revealed itself from the mother-adolescent dyad data was utilized as a guide in conducting the thematic analysis with the three triads. Based on data they provided during their interviews, a narrative of each mother-adolescent-grandmother triad is presented, including a summary of their perceptions of the relationship they have with one another and their body image self-schema. A description of common themes across the triads follows, including discussion of the themes of "messages provided/received" and "maternal caregiver relationship dynamics". Further, subthemes also are introduced.

Triad Family Narratives

The author had the great fortune of interviewing three mother-adolescent-grandmother triads for this dissertation study. Their stories were quite rich, and offer a more nuanced understanding of their lived experience. A narrative of each member of the mother-adolescent-grandmother triad within each family is presented below. Within each narrative, an introduction to the participant is provided, including discussion of their cultural background. Following, a summary of their relationships with their own mothers and daughters (for the mothers), their mothers and grandmothers (for the adolescents), and their daughters and granddaughters (for the

grandmothers) are outlined. Lastly, a description of the body image self-schema for each participant is provided.

The Rivera-Sanchez-Vasquez Family

Andrea Rivera (mother)

Andrea is a 39 year-old Native American-Mexican-Philippian-American mother living with her mother Antonietta, her daughter Jocelyn, her younger son, and her husband (her children's stepfather) in Austin, TX. At the time of the interview, Andrea was a stay at home mother. Andrea shared that she had a difficult childhood and adolescence, as her mother was an "alcoholic", and felt emotionally unsupported throughout her childhood and adolescence.

Andrea described her daughter Jocelyn as "very outgoing, she's funny" and stated that Jocelyn "reminds me a lot of me when I was younger, from the type of music to the types of things she likes", and expressed admiration towards her daughter because "she's not scared to go out and do something", which is something Andrea struggles with at times. Andrea stated that even though physicians tell her that her daughter is "overweight", she herself thinks that Jocelyn is "well proportioned" since she lost weight over the last year. Andrea shared that she tries to always observe body changes related to weight loss (e.g., Jocelyn fitting into clothing she has not worn in years), and praise them as much as possible, tying these improvements to Jocelyn's consistency with engaging in physical activity and eating healthfully. Further, Andrea stated that she tells Jocelyn about the health complications that can arise from being overweight, sharing the struggles that she faces herself. Andrea noted that she also discusses pubertal changes (e.g., menstruation) as well as informing Jocelyn about drugs and sex, including sexual predators.

Andrea noted her desire to provide a different upbringing to the one in which she was brought up as the reasoning behind engaging in these discussions with Jocelyn.

Andrea noted having a “tense” relationship with her mother. She stated that her mother drank excessively during her childhood and adolescence, which influenced how she parented Andrea and her siblings. Andrea shared that she has not talked with her mother about how she feels about her body (neither when she was younger or now), attributing this to not having a close relationship with her, and there being strain in the trust in their relationship. Andrea noted that for her, this is due to her mother failing to protect her from sexual predators when she was younger, and not believing her when she disclosed being sexually abused during her mid-adolescence. While she has not talked with her mother about her physical appearance and body size, Andrea recalled that her mother did mention to her that she was “getting fat” after her pregnancy with Jocelyn. Additionally, Andrea noted that her mother would often tell her that she was “lying” when expressing painful cramping (upon medical review, per Andrea, this was due to her having cysts in her ovaries). While she expressed feelings of sadness and frustration with her relationship with her mother, Andrea offered some understanding that may have influenced her mother’s behavior towards her, including her own challenging upbringing and being someone who was addicted to alcohol. Lastly, Andrea noted feeling as though “there’s nothing I can really change” about the status of her relationship with her mother, and seemed resolved to it remaining the way it is, which is strained.

Body Image Self-Schema

Andrea described herself as thin when she was a child. She stated that she perceived herself to be overweight when she was an adolescent as she often overate, though noted that

looking back at photographs, she perceives her body differently, noting that she was thin and felt like she had a “nice shape” because she had a small waist and thick thighs. Andrea disclosed that she saw herself as overweight because during her adolescence and as a young adult, she was sexually abused by three different men, all of whom were a part of her extended family.

As she talked about the trauma she endured, she stated that after she was sexually abused for the first time, she began to overeat. Andrea indicated that she engaged in this behavior in order to become ugly by being fat in the hopes that this would help protect her from subsequent incidents of abuse. Andrea stated that she continued being abused, and felt that these incidents were “her fault”. She reported feeling emotionally unsupported by her mother during this time in her life. Andrea attributed her mother’s lack of capacity to be emotionally supportive to being an “active alcoholic” throughout her childhood and adolescence, and her own chaotic and traumatic upbringing. After attending therapy as an adult, Andrea came to the understanding that the abuse was not her fault, and she began to have a different perception of her body during her adolescence.

Andrea reported gaining weight during her two pregnancies and being unable to lose the pregnancy weight, as it was not a priority for her. She noted that she never received criticisms from her children’s father for her body size and felt accepted by him. Andrea stated that she “knows” she is currently overweight and is trying to lose weight by engaging in more physical activity and healthy eating in order to feel healthier and stronger in her body. She noted that she has received negative feedback from her current husband (Jocelyn’s step-father) about her appearance, as he tells her she needs to lose weight. Andrea reported communicating to him that if she was going to lose weight, she was going to do it for herself and not for his acceptance of her physical appearance, which is a concept she tries to communicate to Jocelyn. When asked

about satisfaction with her appearance, Andrea noted that she likes herself as she is because she likes her personality, which is more important to her than her physical appearance.

Jocelyn Sanchez (adolescent)

Jocelyn is a 16-year-old Mexican American adolescent who was attending the 11th grade at a local public high school at the time of the interview. Based on her BMI percentile (97th percentile; BMI: 32.25), Jocelyn's BMI classification is considered to be obese. Jocelyn is diagnosed with PCOS, fibromatosis (a condition where fibrous overgrowths of dermal and subcutaneous connective tissue develop tumors called fibromas. These fibromas are usually benign (non-cancerous)), and pre-diabetic. Jocelyn had been an ACES patient for two years at the time of the interview.

Jocelyn shared she considered herself to be “mixture” of Mexican and American, and stated that even though there is some diversity in her family with regards to their cultural identification, everyone is accepting of one another. Jocelyn expressed:

[...] there are those who are strong, with Mexican American backgrounds, and those who decide to follow from, like, Mexico. So, it's very diverse. But it's fun to know your family, like, everybody is so different, we accept each other as we are.

Jocelyn described her school as “big” and “very diverse in the sense that everybody's of different races there”. She noted that school peers seem to “accept people as they are”. Jocelyn shared that she is friends with both male and female peers. She shared that she and her friends do not talk with each other about their bodies; instead, they discuss shared interests, including taking care of their animals (through a farming club at her school).

Jocelyn described having a “good” relationship with her mother, sharing that she is “pretty open with” her mother about how she feels about her body. Jocelyn noted that she is able to talk with her mother about how happy she is that she is playing sports and losing weight in a way that feels “comfortable and natural”. Jocelyn also noted that her mother talks with her on occasion about continuing with the healthy living changes she is making in order to reduce her risk of developing diabetes, which is a medical condition in the family. While Jocelyn expressed ease talking with her mother about her thoughts and feelings about her body, she stated that she chooses to talk with her maternal aunts about topics such as “relationships and clothes” as she admires how her aunts “carry themselves as women”. While she stated that she is “not uncomfortable” talking with her mom about these topics, she prefers to speak with her aunts, as they “teach me to have more respect for myself as a woman”. Of note, Andrea shared that Jocelyn and her stepfather’s relationship has been strained over the last few years, citing his comments towards Jocelyn about her weight (e.g., “You’re getting fat”) and a situation in their marriage that “made Jocelyn lose some respect for him” as reasons for this strain. It may be possible that this marital situation may have also influenced Jocelyn’s perception of her mother as a woman.

Jocelyn noted that she does not “really” talk with her grandmother about her body, stating that she does not often spend time with her due to being busy with school and taking care of her animals. Andrea shared that she tells her daughter to spend more time with her grandmother, citing that she does not want her relationship with her mother to influence her daughter’s relationship with her grandmother.

Body Image Self-Schema

Jocelyn remembers being “tiny and skinny” from the time she was a newborn until she

was about 13 years old. Her family has shared with her that she was about 6 pounds when she was born, and their concern that she was very fragile because she was so small. Jocelyn recalls that during her childhood she looked like *Dora The Explorer* because her hair was straight and cut in a bob. Further, she remembered always being interested sports until she was 13 years old. As she recalled this time in her life, Jocelyn shared that she did not have much interest in sports and began noticing an increase in her weight as a result, noting that she had just moved from a suburb of Austin, TX to Austin, and was focused on acclimating to a new middle school and new surroundings.

Once she felt settled, Jocelyn was informed that her middle school did not offer any sports teams, which did not motivate her to engage in any physical activity. It is important to note that per information that Andrea shared during her interview, she and her current husband were incurring a few challenges in their marriage, resulting in a separation and Andrea's subsequent move with her children to Austin, TX to live with her mother. As a researcher and clinician, I wonder if this separation and instability may have also played a role in Jocelyn's diminished interest in participating in sports. Jocelyn reported that she began to incorporate healthy eating and exercise into her lifestyle when she was 15 years old, through the help of ACES clinic, her mother, and aunts. Jocelyn attributes her involvement in a school organization that teaches youth how to become farmers (e.g., tending to animals; entering these animals in competitions that involve jogging on a track with the animal to show them to potential buyers), and playing on the softball and soccer team at her school, to helping her become healthier, and paying closer attention to her eating in order to have energy to engage in these activities.

When asked to describe her appearance, Jocelyn stated that she is "in the 5-foot range," and has "frizzy hair, wide shoulders, a medium-waist, round hips, short legs, and small feet."

When asked what she likes and dislikes about her appearance, Jocelyn noted that she feels she is becoming more comfortable in her weight, as she is making changes that she feels comfortable with and do not feel imposed upon her. Jocelyn shared that she does not like her hair, as she considers it to be very frizzy, and her metabolism, as she notices that she gains weight quickly if she does not exercise.

Antonieta Vasquez (grandmother)

Antonieta is a 60-year-old *Mexicana* (Mexican) grandmother living with her daughter, Andrea, and Andrea's family in Austin, TX. Antonietta shared that she considers herself to be *Mexicana*, even though there has been different terminology utilized to describe her culture. She shared,

Antonieta: I've always thought of myself as being a Mexicana. And then, of course, afterwards, with all these names came out, having to change my name and my heart.

Interviewer: So, for you, in your mind, you're Mexicana?

Antonieta: Yes.

At the time of the interview, Antonietta was working as a youth advocate. Antonietta was born and raised in Austin, TX, and is the third oldest of nine siblings. Andrea recalled having a challenging childhood and adolescence and stated that both her parents drank alcohol excessively. Antonietta noted that her parents would treat her differently than her siblings. She attributed this difference in treatment to her darker skin tone. This differential treatment included being told to complete chores while her siblings played outside, and being punished more often than her siblings. Antonietta noted that she would "act like I really didn't care, pretty much" when she was treated differently, and "figured out how to get what I needed" from others, as she

was not getting her needs met by her parents. Antonietta stated she got married and had her first child with her first husband when she was 16 years old. Further, she noted that she took care of her younger siblings when she was 16 years old until age 20 years. Antonietta shared that she is a recovering alcoholic, crediting her religion to her recovery. Additionally, Antonietta stated she has been on dialysis for the last 5 years.

Antonietta noted that even though her daughter, Andrea, is “handicapped from her arm” (Erbs Palsy), she has “wanted to do everything by herself, with as little help as possible”. With regards to their relationship, Antonietta noted some challenges and emotional distance, stating that they both get “a little bit strong-willed with each other”, which she stated began when they used to “bump heads” during Andrea’s adolescence, as Andrea “was pretty stubborn, and had to have it her way”. Antonietta described her daughter as “smaller and real thin” when she was a child, noting Andrea gained weight during her teenage years and early 20’s, which Antonietta attributed to Andrea’s low self-concept due to her physical condition (Erbs Palsy), conflicts Antonietta was having with her 2nd husband (Andrea’s step-father), and Andrea’s first romantic relationship being “abusive”. Further, Antonietta noted that her daughter has continued to struggle with her weight, which Antonietta attributes to her “choice of men”, as there has been “abuse” in those relationships as well. Antonietta recalled that Andrea has “never” shared how she felt about her body, though noted that she has told Andrea in “maybe an indirect way” to engage in exercise, and offered to help her daughter engage in physical activity. Antonietta noted that her alcoholism, to which Andrea was exposed when she was growing up, may have influenced the closeness in their relationship then and now.

Antonietta described Jocelyn, her granddaughter as “a very determined person”, who despite some of her health challenges (e.g., PCOS; Fibromatosis; Obesity), “she doesn’t give

up”. Antonietta recalled her granddaughter being “very athletic” until middle school, which she noted was a time in which she gained “a lot of weight, and she wasn’t very active”. She shared that Jocelyn has been engaging in more physical activity over the last year, which she noted has helped Jocelyn lose weight. Antonietta stated that when she talks with Jocelyn about her physical appearance, she tells Jocelyn to engage in physical activity, along with sharing the health concerns that she is at risk for being overweight, given their family’s medical history (e.g., diabetes). Antonietta noted that Jocelyn does not talk with her about how she feels about her physical size.

Body Image Self-Schema

Antonietta noted that she was “thin” when she was a child, and began gaining weight when she was around ages 15-16 years, attributing this weight gain to drinking alcohol excessively. Further, Antonietta shared that she received comments from her siblings and family that she was “gaining weight” during this time in her life. Antonietta noted that her weight continued to increase as she had her children, stating she “no longer thought about myself”. Antonietta has lost weight over the last few years, stating that she has wanted to become healthier since she was told by her physician that she needed to start dialysis treatment. Antonietta shared that she feels “at ease” with her body as it is now, stating that she feels healthier since losing weight. She also discussed changes she has seen to her skin (e.g., wrinkles; “tired eyes”) that “weren’t there before”. Antonietta stated that when she begins to feel poorly about herself because of these changes, she reminds herself to be grateful for the life and family that she has. Further, Antonietta noted that she shares these feelings with her youngest daughter, Jennifer, with whom she has a “very, very, close relationship” as she “lets me know she really loves me”.

The Paz-Cabrera Family

Natalia Paz (mother)

Natalia is a 34-year-old Mexican mother living with her husband and their four children in a suburb of Austin, TX. Natalia was born and raised in Durango, Mexico, and came to the U.S. when she was 17 years old. At the time of the interview, Natalia was working as a housekeeper. Natalia noted that she enjoyed her upbringing in Durango because she was able to play often with her friends, as they lived close to one another.

Natalia described her daughter Bianca as “the protector of animals”, noting that she takes very good care of her pets. She also noted that her daughter is “real noble”, describing an instance in which she helped raise money for youth with cancer. Natalia shared that Bianca can be “a bit impulsive”, especially when managing conflicts between herself and her siblings after they say “mean things” to her about her physical appearance and body size. Natalia noted that she tries to talk with her daughter, as she would like for her to open up about how she feels, stating that she finds it most effective to talk with her when they are in the car to and from school, as this is time that is uninterrupted, and Natalia noted, “she can’t leave”, as she is in the car. Natalia shared that while at home, Bianca can present as irritable and frustrated, often crying and yelling to be left alone in her room. Natalia noted that she would like for her daughter to lose weight so that she can “feel better about herself” as she notices her daughter feeling “really frustrated about her weight”. Natalia shared that she has seen some small improvements to her daughter’s mood, including asking for permission to go out with her friends to see a movie. Natalia also shared that she has seen her daughter put more effort into her appearance since starting ACES and behavioral health appointments, including asking her mother to help her straighten her hair before going to school. Natalia shared talking with Bianca about pubertal

changes, and attempts to answer her curiosities (e.g., explaining what a hickey is to her daughter), with responses tailored to her age. Natalia noted that she is trying to be more responsive to her daughter, as this is something her mother did not do with her.

With regards to her relationship with her mother, Natalia noted that did not feel as though her mother, Alberta, paid much attention to her when she was growing up. She shared that during her adolescence, Alberta would tell her to “shut up, go over there” when Natalia would ask her about how children were made. Natalia noted that she received information about this from her maternal aunts, which left her feeling upset as they were “real vulgar” with their responses. Natalia shared that her mother became more open with her when Natalia got married and had her children. She noted understanding her mother’s behavior when she was an adolescent, as “before, people were more reserved, conservative”.

Body Image Self-Schema

Natalia described herself as being “skinny” during her childhood and adolescence. She attributed her body shape to genetics on her mother’s side, as she noted that everyone is “fat” on her father’s side. Natalia came to the U.S. with her family when she was 17 years old. She recalled not noticing any differences in her weight or body size from when she was in Mexico to when she first arrived in the U.S. Natalia noted that she felt better about her body when she first came to the U.S., as she felt more free to wear whatever she wanted to wear, including form-fitting clothing, without fear of what others would think of her, which was something she was unable to do in Mexico.

Natalia shared with the interviewer that while she gained weight during each of her pregnancies, she “let” herself “get fat” in 2007 because she wanted her daughter “to feel like

she's not the only one" in the family who is overweight. She stated that she made the decision to take less care of her physical appearance as Bianca began getting teased about her physical size at school, as she wanted to protect her daughter's self-esteem. Natalia noted being dissatisfied with her stomach, as it is "big", which she attributes to the cesarean sections she endured with the birth of each of her four children and not taking care of herself after delivery (e.g., not putting on a girdle or exercising). Further, Natalia reported that she considers herself to be "ugly", as she does not take care of her appearance, her hair is "mistreated", and she is overweight. When asked about how she feels about her current body size, Natalia noted that she loves herself as she is, and shared she feels "fine" and at ease at her current size of 13 and XL in shirts. While she has experienced some negative feedback from her husband due to her current physical size, she does not regret her decision to gain weight so Bianca would not feel badly about herself.

Bianca Paz (adolescent)

Bianca is a 13-year-old Mexican American 8th grader at a local charter middle school. She lives with her mother, father, and three brothers in a suburb of Austin, TX. Bianca is considered to be severely obese, as her BMI of 43.26 is above the 99th percentile for her age, height, and gender, and is diagnosed with high cholesterol. She has been attending ACES appointments over the last two months. Further, she attends Behavioral Health appointments with an ACES psychologist to address mental health challenges (e.g., sadness; irritability). Bianca shared that she considers herself to be Mexican American, as she was born in the U.S. and her parents were born in Mexico. Bianca noted that her middle school is "medium size", and shared the impression that her peers "think they're all that. Sometimes they're nice, sometimes they're snitch...sometimes they're funny". Bianca stated that while she spends time with mostly

female peers at school, she does not consider them to be her “true” friends, though noted that she spends time with them because it is easier to “hang out” with them than be by herself at school. She noted that there are mostly “Mexican” students at her school, and described the ethnic background of most of her teachers as, “White”

Regarding her relationship with her mother, Bianca reported that it is “good and bad”. Bianca noted that she “screams” at her mother sometimes, which makes the relationship “bad”. She reported feeling supported by her mother, though notes she does not often share how she feels about her body with her. She attributed that it is easier to speak with her mother about how she feels about her body when she is alone with her.

Bianca noted that she does not talk with her grandmother, and shrugged her shoulders when asked about her relationship with her.

Body Image Self-Schema

Bianca shared that she remembers being “the same as now” since she was a small child. When asked to elaborate on what she meant by “the same as now”, Bianca refused by stating, “I don’t wanna answer that.” Bianca responded in this way throughout the interview when I asked any direct questions about her physical appearance from her neck down. When asked in a more indirect way about her physical appearance, Bianca shared some of her thoughts about her physical size. For example, she shared a desire to lose weight so that her clothing size would be smaller in order for her to wear “cute clothes”, such as dresses. Further, Bianca shared that she does not like the way her thighs look, as they are “too fat from here”, pointing to her upper thigh. When asked about what parts of her body she likes the most, Bianca shared that she likes her eyelashes because they are long and her lips because “they are big, like my grandma’s.” It is interesting to note that Bianca had mascara on and bright red lipstick during the interview,

suggesting that these may be features that Bianca likes to highlight about her appearance. She shared that her siblings tease her when at home, and she yells at them for calling her names (e.g., “fat”). While Bianca let the author know she has not been teased at school, Natalia shared that Bianca has faced teasing about her physical size since she entered middle school two years ago.

At the end of the interview, the author shared with Bianca that she noticed Bianca did not answer questions that related to how she felt about her body, and asked if she answers in a similar manner when others ask her about her body, to which she nodded in the affirmative. When asked what would make it easier to talk about, framing it as a learning experience for the author, as she had a few other interviews to complete, she shared “you know me more better” would have made it easier. She went onto share that she does not often talk with others about how she feels about her body, except for her animals because they “don’t say anything back”. It appears that for Bianca, sharing her thoughts and feelings about her physical size is challenging, as she considers the topic to be private.

Alberta Cabrera (grandmother)

Alberta Martinez is a 60-year-old Mexican grandmother who lives about half of the year in Mexico, and half of the year in the U.S. Alberta was born and raised in Durango, Mexico, and is currently retired. Alberta shared that she grew up on a ranch in Durango, and had a lot of responsibilities for her siblings as a child and adolescent. Alberta stated that she would take care of them while her mother cared for her husband (and Alberta’s father) while he was hospitalized to treat his heart condition. Alberta shared that they would frequently leave for six weeks at a time, leaving the responsibilities of the home and her siblings to her. She noted this responsibility was very challenging to bear at such a young age, and stated she would not have

wanted her daughter or granddaughter to have this experience. Alberta came to the U.S. when she was 43 years old with her children and husband, and has been traveling back and forth from her home in Mexico and the U.S. for the last six years, after her youngest son's deportation from the U.S. to Mexico. When in the U.S., Alberta stays with her children, including Natalia.

Alberta described her daughter Natalia as “very well-behaved” when she was an adolescent. She noted that she and Natalia did not speak about how Natalia felt about her body when she was growing up. Alberta stated that she told Natalia while she was pregnant with her first child that her body shape would change. Alberta stated that her daughter's body shape did not change “that much” after her first child, and noted that Natalia became “more thick over here [pointing to own waist]” after she had her second child, Bianca. While Alberta stated that she and her daughter do not talk about how Natalia feels about her body, she shared that Natalia “feels good because I see that she's always very happy, and well, her husband loves her, she doesn't say anything”.

Alberta noted Bianca is “real sweet”, telling the author that her granddaughter “hugs me, she kisses me. And she tells me that she loves me very much”. Further, Alberta described her granddaughter as “chubby”, attributing this overweight to a tonsillectomy operation Bianca had when she was “young”, as she noticed Bianca gaining weight after this operation. Alberta reported improvements to Bianca's affect and behaviors when at home (e.g., “she's more cheerful, happier”; “she no longer cries as much”) since starting the ACES program. Alberta noted that she tries to engage in physical activity (e.g., walking around the neighborhood) with Bianca and Natalia in the afternoons, which she finds enjoyable. Alberta shared comments that she makes to her granddaughter communicating the importance of accepting herself as she is and

as “the Lord” made her. She shared that Bianca does not share with her how she feels about her body.

Body Image Self Schema

Alberta shared that she was “thinner” when she was a child and “not too fat or too thin” when she was an adolescent, noting that she gained weight after having children. Further, she reported that she “started getting fat now in becoming an older woman”. She stated that does not like the body she currently has, stating that her body “just hangs down”, which she noticed happening three months ago, which was around the time that she was diagnosed with Type II Diabetes. She noticed that she has had less energy, which influences how she feels about her body. She reported not sharing with anyone how she feels about her physical appearance and body size.

The Ramirez-Martinez Family

Norma Ramirez (mother)

Norma is a 34-year-old Mexican mother living with her husband and their four children in Austin, TX. Norma worked as a housekeeper at the time of the interview. Norma was born in Tejupilco, Mexico, and arrived in the U.S. when she was 19 years old. Norma noted that as she grew up, she ate food that was less processed while in Mexico, including “killing chickens, for example, and eating fresh. Here [in the U.S.], everything’s frozen”. She also noted being more active when she was in Mexico, including walking more often, than she is in the U.S.

With regards to her relationship with her mother, Norma noted that they “do not talk”. Norma stated that she did not receive much affection from her mother during her childhood or

adolescence, which she attributed to her mother's upbringing in Mexico. Norma shared that since converting to Catholicism and going to church more often, she has tried to demonstrate more affection towards her mother, which she felt "weird" doing initially, as it is a change in their relationship. Norma noted that she imagines this change as weird for her mother as well, as "we're not used to doing those things".

Norma noted that her relationship with her daughter, Eloisa, is rather challenging and they do not "tolerate each other", as Eloisa does not seem to "trust" her. She described her daughter as, "a girl who is overweight...that she doesn't care about herself". Further, Norma stated that Eloisa does not put forth effort to change her nutrition and physical activity habits, noting that Eloisa does not seem to care about making these changes for the betterment of her health. Norma shared that she would like for her daughter to demonstrate more concern over her health, and becomes frustrated with Eloisa when she does not follow through with recommendations from ACES and goals she has set for herself during TEEN group.

Body Image Self-Schema

Norma recalled having a "thin" body and being shorter than her peers as a child and adolescent. She noted that when she was 19 years old, she was thinner compared to her current body size, and attributed her size to being a mother now, which means having more worries and less time for oneself. She noted being heaviest at age 29 years, after her fourth pregnancy, telling the interviewer she weighed 160 pounds at 5 foot 4 inches in height. Norma recalled not wanting to buy clothes in a bigger size during this time, as she had the intention of getting comfortably back into the size she was prior to her fourth pregnancy. Norma noted feeling worried when she was this size because she was unsure how this excess weight was affecting her health and she was not satisfied with her appearance, She was determined to make small changes in her eating

habits to lose the weight she gained, including no longer drinking sodas, coffees, or eating tortillas.

When asked about her current physical appearance, Norma noted that she now weighs around 140 pounds, and she considers herself to be “not too fat or too thin”. However she noted having a desire to have a flatter stomach as she considers dresses to be unflattering on her for having a rounder stomach area.

Eloisa Ramirez (adolescent)

Eloisa is a 12-year-old Mexican American adolescent living with her mother, father, and three siblings in Austin, TX. Eloisa is considered to be severely obese based on her BMI of 34.0 is greater than the 99th percentile for her age, height, and gender. She had been an ACES patient for approximately two years at the time of the interview and was attending the 7th grade at a local charter middle school. Eloisa shared that her school is small, and that “Each year, they add a new grade”. She noted experiencing some conflicts at school, including getting into a fight with a peer because she slapped Eloisa, for which they both were suspended. Eloisa noted that there are “a lot of Spanish” adolescents who attend her school, and in her grade, “there’s rarely any Black people”. She noted having a challenging transition into this school from her elementary school when she was in 5th grade, as she “had never moved schools” before.

Regarding her relationship with her mother, Eloisa noted that with her mom, “I kind of don’t tell her stuff”, including how she is treated at school and how she feels about her weight, as there is not much trust in their relationship. While Eloisa does not talk with her mother about how she feels about her body, Eloisa discussed instances in which she has talked with her mother about her physical appearance (e.g., hair and eye color), sharing with her mother her preference

for lighter eyes, joking with her that if she does not have children with “pretty” eyes, she will give them away to her. Eloisa stated that she shares with her friends and older cousin how she feels about her body.

While Eloisa reported not talking directly with her grandmother, Carola, about her “weight”, she shared that her grandmother suggests clothes that would fit Eloisa well, and “she never makes fun of me”, which is different than how she is treated by her siblings in her family.

Body Image Self-Schema

Eloisa noted that she was “fat” when she was little, stating that her mother let her know she weighed more than her older brother and two younger siblings when she was born and as a child. Eloisa shared that, “since I’ve been growing, I’ve been getting more fatter.” She let me know she has been made fun of by her family for her appearance since she was a young child, stating that the teasing began when an uncle told her she had a “*diente de chicle*” (“bubblegum tooth”/“sweet tooth”; “a very white, white tooth”, per Eloisa) when she was a child. Eloisa noticed that she began gaining more weight when she was 10 years old. When asked what was going around at the time, Eloisa stated that this was around the time she entered middle school and she began getting teased by peers for having a mole on her forehead. Of note, as she shared this experience in her life, Eloisa lifted her heavy side bangs from her face and pointed to the mole, and then quickly rearranged her bangs to hide the mole. Eloisa noted that she has also been teased at school for her body size. She reported that she began receiving hurtful comments about her physical size from her mother and siblings during this time as well.

Eloisa shared that she does not like her current appearance, wishing to change “everything about myself”, especially when receiving hurtful comments from others about her

body size. Eloisa noted that she does like her hair and her voice, sharing that she hopes to be a singer one day. Further, Eloisa discussed her preference for having lighter colored eyes (e.g., light brown), which she finds are “pretty”.

Carola Martinez (grandmother)

Carola Martinez is a 60-year-old Mexican grandmother living with her youngest son, aged 27 years, in Austin, TX. Carola was born and raised on Tejupilco, Estado de Mexico (State of Mexico), Mexico. When discussing her upbringing, Carola described the area where she lived in Tejupilco as rural, “living on a hill...apart from civilization.” She noted that there were no schools in her area, and began working in the fields with her father when she was 6 years old in order to survive. When discussing her childhood, she noted that while there were seldom opportunities to play, she enjoyed where she grew up, as there was a lot of freedom, and there “wasn’t a lot of wickedness like there is today.” Carola attained a third grade education before working full-time in the fields with her father at the age of 9. While in Tejupilco, Carola got married at age 19 years, and had five children (3 daughters (all currently live in U.S.) and 2 sons (one currently lives in Mexico)). She arrived to the U.S. when she was 43 years old.

Carola identifies as Mexican. While discussing her culture, Carola shared that her perspective on women in Tejupilco are “more humble” than women in the U.S., which, from her perspective, may be influenced by the poverty that many of the families face, including the conditions in which she was raised. Additionally, Carola shared that women in the U.S. have more freedom than in Tejupilco, and “they want to be equal to men, they want to work and be successful, and all of those things on their own”, while women in Tejupilco are more submissive.

When discussing her relationship with her family, Carola reported that her children are “very close” to her and she to them, and that they do not disrespect her. She stated that she enjoys being their “friend” now that they are older. She shared that despite challenges in her marriage when her children were growing up (e.g., her children’s father was unfaithful and had another family in the U.S.), and raising her children as a single mother due to her husband working in the U.S., she tried to not let these difficulties influence her parenting. Carola noted that her daughter Norma has not ever spoken with her mother about how she feels about her body, which she attributes to Norma “not, like, how do I say, very traumatized by her body. She feels good as she is”. Carola noted that she notices tension in Norma’s relationship with Eloisa, and shares her perspective on parenting with Norma in order to help her daughter improve the relationship she has with Eloisa.

Carola described her granddaughter Eloisa as “a very sensitive girl”, noting that her granddaughter states that others (including her school peers) treat her poorly because she is overweight. Carola attributed Eloisa’s overweight to genetics, as Eloisa’s father is overweight, as are most of his family members. She shared telling her granddaughter that she is “very beautiful” and to accept herself as she is. Further, Carola reported that she tries to share her perspective on how to manage problems in life with Eloisa, such as when she discloses to her experiences of being teased by classmates at school and by her siblings at home. Specifically, Carola shares that she always fights in order to continue moving forward, as she does not want a problem she faces to “squash” her. This may be a manner in which Carola tries to communicate resiliency to Eloisa.

Body Image Self-Schema

When asked to describe her current body, Carola noted that she has “gotten fatter” through the years, especially since coming to the U.S., noting that the increase in eating more

processed food and lack of exercise contributed to the increased weight. Additionally, Carola expressed that she started experiencing health concerns over the past few years, mainly the development of diabetes and high cholesterol, which she treats with medication. In discussing her body shape during her childhood and adolescence, Carola reported that she felt good about her body, as it was thin, strong, and muscular, which she attributed to working in the fields, which was very grueling work, as well as being raised on “purely organic food”. She noted weighing 47 kilos (approximately 103 pounds) when she got married at age 19 years. In describing changes she has noticed in her body as a result of motherhood, Carola stated that despite her body becoming fatter at times, she experienced “pure joy” during her pregnancies and while raising her children, as they were her priority. The interviewer left the interview with the impression that Carola was comfortable in the body she was in, and that she was in a place of peace with its current shape. In reviewing the information Carola provided the interviewer, it seems as though she views her body as a vessel through which she was able to carry her children, who are her greatest joy and accomplishment. Further, she receives positive feedback from her children and grandchildren about her appearance, which may also aid her in accepting her body as it is.

Common Themes: Triad Data

As noted above, a thematic analysis was conducted to gain a better understanding of messages provided among these three generations of women, using the model that emerged from the mother-adolescent dyad data as a guide for analysis. The two primary themes that emerged from the data were “messages provided/received” to one another related to physical appearance and body size, and the “maternal caregiver relationship dynamics”. Discussion of these primary themes and their related subthemes are provided below.

Messages Provided/Received

One of the two primary themes that was reflected in the data across and within generation groups was that of messages provided to the individual (i.e., mother; adolescent; grandmother), within the following areas: being overweight is undesirable and self-acceptance.

Being overweight is undesirable. The majority of messages mothers provide daughters (including messages grandmothers provide their own daughters and granddaughters) are associated with the physical appearance and body size, specifically, that being overweight is undesirable and something to be changed. A few mothers and grandmothers communicate this message to their daughters and granddaughters by discussing the health consequences associated with being overweight. As Antonietta tells her granddaughter Jocelyn,

Jocelyn...I've told her, you know, I really feel like it'd be important for you to start walkin', or doing things to be active...I'm just concerned because of the diabetes and problems that run in the family. And so, she listens. She listens to what I say.

As Antonietta notes, Jocelyn seems receptive to the feedback her grandmother is providing her about her physical activity habits and communication of the health complications associated with being overweight. It may be possible that Jocelyn's receptiveness to this message may be influenced by her grandmother's use of suggestive statements, and demonstrating concern for her health. Antonietta appears to take a similar approach with providing feedback to her daughter, Andrea, about her physical appearance and body size. Further, she offers to help Andrea address her excess weight.

Antonietta: I've always told her that [she needs to lose weight]...I've told her in maybe an indirect way, oh, do an exercise. I told her I would help her in anything she needs. I

also share with her things that I hear that could be good for her, what could help her.

Interviewer: How does she [Andrea] take that? When you talk with her in an indirect way, like, oh, maybe we could try this exercise, or get healthier foods?

Antonietta: Yeah. She says she knows she has to lose weight.

Norma expressed communicating to her daughter Eloisa the need to be more mindful of her physical size for her health. Norma shared, “I tell her that she needs to look after herself. I mean, she carries a lot of weight, and I tell her she needs to take care about her health”.

As noted by the excerpts above, mothers and daughters provide messages about being overweight being undesirable and something to change, with a desire to communicate the potential medical consequences being overweight poses to health.

Self-acceptance. Another message mothers provide their adolescent daughters, and grandmothers communicate to their adolescent granddaughters is the importance of self-acceptance. Many times these comments are offered to combat the adolescent’s feelings of sadness regarding her physical appearance and body size. Alberta noted providing this message to her granddaughter Bianca, and communicates to her that there are various body sizes among women, and that the Lord does not make mistakes when creating beings on this earth. Antonietta shared,

“I try to tell her, no mi’ja, just how there are people...like you, chubby, there are also people who are thin. I tell her that the Lord...the Lord can’t make a someone incorrectly, he makes them very beautifully. I tell her, put your feet on the ground and know that you are chubby, that she puts in the effort. [...] I try to encourage her. I tell her, no well, just like there are fat women, there are skinny ones too, honey.

Jocelyn, an adolescent, communicated that this is a message that she is communicating to herself when asked about how she reached a place where she has “gotten to know” who she is. Jocelyn noted,

I mean, it’s kind of like, I’ve lived with myself for 16 years, I’ve gone through so many phases, but I’ve finally figured out what I’m comfortable with, not trying to fit in with everybody else- just trying to be me.

Mothers and grandmothers noted attempts to provide the importance of self-acceptance to their daughters and granddaughters (respectively). Further, for Jocelyn, it seems she has begun to internalize this message and believe its importance for herself. The second primary theme that revealed itself from the data, pertaining to relationship dynamics within the mother-daughter-grandmother relationships, is outlined below.

Maternal Caregiver Relationship Dynamics

The data these mother-adolescent-grandmother triads provided revealed a second primary theme, “maternal caregiver relationship dynamics”. This theme relates to the salient factors these triads noted when discussing the relationships they have with their maternal caregivers (i.e., mother and/or grandmother). One salient factor (subtheme) is “open/limited disclosure” with regards to sharing with their maternal caregivers and daughters/granddaughters. This includes how the mother/daughters feel about their bodies. A second subtheme relates to daughters’ understanding of their own mothers (applicable to the mother and grandmother data) with regards to their upbringing. Both subthemes are presented below.

Open/limited disclosure. Mothers, grandmothers, and adolescents in this sample noted either being open in disclosing their thoughts and feelings about their bodies with their

mothers/daughters/grandmothers or one that is limited, characterized by minimal communication about the topic. Of note, while one triad within the sample discussed being “open” with regards to disclosing their thoughts and feelings about their bodies within that relationship (i.e., mother-adolescent), most discussed the use of limited disclosure within their relationships within the triad. Jocelyn, for example, shared that she was open with her mother in discussing her thoughts and feelings about her body, citing that she was able to share how she felt about her weight loss as well. Jocelyn stated,

She [my mom] picked me up, and I got in the car from softball practice, and I’ve been happy because, with softball, we’ve been training a lot, we work out a lot, so I’ve been losing weight pretty quickly. And, I had got in the car feeling energized and happy, and she said I looked happy, and I said I feel good that I’m losing weight, and it feels comfortable and natural. And I’ve always played sports.

Andrea, on the other hand, noted that her mother did not speak with her about her body growing up, noting she would instead go to her older sisters for any information she needed. Andrea recalled,

Interviewer: Did she share any feedback with you about your body, when you were younger?

Andrea: My mom?

Interviewer: Mhm.

Andrea: Not really. My mom wasn’t real open about stuff...she really didn’t talk to us about stuff like that. Well, I don’t know about my other sisters...well, no. I take it back. From what my younger sister says, she and my mom would talk about everything. But, I

don't know if that had to do with her being the last one, and my mom already raising three other girls...um, and my sister being more inquisitive and asking, versus us. Cuz we, kind of, between the sisters, we talked to each other. We didn't go to my mom. Either I asked my older sister. And my younger sister would ask me questions, and we didn't really go to my mom for questions.

Bianca noted having this limited disclosure with her grandmother. It is important to note that even though Alberta (Bianca's grandmother) shared that she has discussed with Bianca the importance of self-acceptance, both noted that Bianca does not talk with Alberta about the thoughts and feelings she has about her body. As noted by Bianca, "I don't talk with her[grandmother]". Further, Bianca shared that talking about her body, in general, with others, is something she does not like discuss.

Daughters' understanding of their own mothers. The second subtheme that emerged within the mother data was their understanding of their own mothers' behaviors while they were growing up, including providing limited affection and disclosure of information (e.g., feedback about their physical appearance). Andrea shared understanding of her mother's limited disclosure and demonstration of minimal emotion, attributing to challenges her mother faced during her upbringing. Andrea expressed,

My mom didn't talk about it. She was...she was very...I don't remember my mom being very open about anything. And, my mom didn't cry. I mean, it takes a lot for her to cry. Like, she's...she shuts down and doesn't show emotion, she doesn't...and I mean, I'm sure it had a lot to do with her upbringing and the things she went through. Cuz, we heard stories here and there, and we're like, damn, dang, wow. So, I'm sure that her and her perception of what, of who she is.

Norma shared that when she was growing up in Tejupilco, Mexico, she rarely saw parents outwardly demonstrating affection towards their children, noting, “it’s [showing affection towards one’s children] really rare. It’s...you don’t see those things”. She described that her mother,

[...] never showed us [my siblings and I], or never used words to make us feel good.

Yeah, she was our mother, if we misbehaved, she would hit us or she would yell at us.

But to say, well, my mom gave me a hug or stuff like that, no.

While she noted that this influenced the level of trust she had in her relationship with her mother while growing up, Norma shared a desire to improve upon their relationship, stating, “Now, recently, I’ve come here, and I’ve done it, I’ve talked with her, I’ve told her that I love her”. As noted in her narrative above, this change in behavior has initially felt “weird”, Norma shared that she “feels good” that she is making efforts to change this dynamic in their relationship.

Chapter Summary

This chapter outlined the results from the thematic analysis utilizing three mother-adolescent-grandmother triads. A descriptive narrative of each of the nine participants was provided, including the body image self-schema of these participants. The two primary themes, “messages provided/received” and “maternal caregiver relationship dynamics”, along with their related subthemes were discussed. The next chapter offers a discussion of the research findings as they relate to the initial research questions posed by the author. Further, limitations of the study, and implications for future research and clinical practice are outlined.

CHAPTER 13

DISCUSSION

Throughout the last many results chapters, the data has been presented and extensively illustrated and discussed, focusing particularly on the aspects of the model that emerged from the data and the family constellations. Therefore this chapter limits itself to addressing the original research questions posited by the author, limitations of the study, and implications for future research and clinical practice.

As noted in Chapter 2, developing broad research questions when conducting qualitative research is helpful, as they can help guide the data collection and analysis process (Corbin & Strauss, 2008). When the study began, the author posed the following research questions:

1. How do three generations of Mexican American women (adolescent-mother-grandmother), with the youngest member seeking treatment for their obesity, communicate about their body shape and size among one another? What messages around body image are transmitted from mothers to daughters and grandmothers to granddaughters regarding body image among obese Mexican American adolescent females seeking treatment for their obesity and their maternal caregivers? How do these adolescent females make sense of these messages?
2. How do Mexican American obese females seeking treatment for obesity formulate their thoughts and attitudes about their body shape and physical appearance given the sociocultural context in which they exist?

While the research questions were developed originally to be explored within a Consensual Qualitative Research (CQR) design, they were useful in anchoring the data analysis when the

methodology changed to Grounded Theory and thematic analysis. Responses to the aforementioned research questions are provided below.

With regards to Research Question 1, as is noted in the upcoming limitations section, the limited number of grandmother participants limits the generalizability and depth of research findings in this study in terms of the manner in which grandmothers communicate about body shape and size with their daughters and granddaughters. Thus, these results must be interpreted with caution. Results from the mother-daughter dyad data suggest that mothers provide messages related to both “being overweight is undesirable” and “accept yourself” to their daughters. Interestingly, the few grandmothers in the study deliver these messages to their granddaughters and their daughters as well, in direct ways (e.g., through conversations with their granddaughters and daughters). The data show that the mothers provide these messages directly (e.g., by speaking with their daughters) and indirectly (e.g., by serving as a model). These findings from the mother-daughter dyad data provide additional evidence for the importance of mothers serving as models for living healthfully (e.g., consuming healthy meals; not skipping meals) and support earlier research findings (Berge, Wall, Bauer, & Neumark-Sztainer, 2010; Keery et al., 2006).

Further, the study revealed that mothers in this sample engage in constant vigilance when providing messages to their daughters related to “being overweight is undesirable” for health reasons. Mothers engage in constant vigilance through covert (e.g., observation) and overt (e.g., discussing their observations with their daughters through providing suggesting/demanding statements and praise). Research suggests that parents engage in similar behaviors with their overweight adolescent children (Biggs et al., 2014; Shrewsbury et al., 2010). For example, Shrewsbury and colleagues (2010) found in a qualitative study of parent-adolescent discussions related to the adolescent’s weight that the types of feedback adolescents received about their

excess weight included an indirect/cautious approach (e.g, the parents focusing on the adolescent's nutrition and physical activities without discussing their weight), direct/open approach in which the adolescent's weight was mentioned, and never/rarely bringing the topic of the adolescent's weight in conversation. Further, the adolescent participants noted preferring their parents' indirect/cautious approach when discussing their weight. Additionally, while parents expressed their desire to be encouraging when discussing their adolescent's body weight with the adolescent, adolescent participants perceived these interactions as demanding. Findings from Shrewsbury et al. (2010) and the current study support the utility of discussing how adolescents perceive their parents' (including mothers') approaches towards them when discussing their body size.

Mothers' perceptions of their daughter's physical size seems to be an influential factor in the messages mothers provide their daughters. While the study was unable to determine the degree to which mothers' perceptions of their daughter's physical size influences their messages towards their daughters, these results provide additional evidence for the mothers' perception of her daughter's body and its influence in her approach towards her daughter when discussing her daughter's body (Hahn-Smith & Smith, 2000).

Further, the adolescent-mother reaction feedback loop revealed that some mothers make hurtful comments towards their daughters (e.g., calling them "fat"), which may be influenced by their own feelings of frustration towards their daughter. As noted by Neumark-Sztainer (2005), it is important for parents of overweight children to avoid making negative remarks about their children's bodies to help reduce their risk for body dissatisfaction, and to be a source of support for their children when they are mistreated for being overweight (e.g., being teased at school).

The messages the adolescents received appear to demonstrate a dialectic, in the sense that one hears the message to accept oneself as one is, and also hears that being overweight is undesirable for aesthetic and health reasons. Latina university participants (BMI ranging from normal to overweight) in a study by Franko et al. (2012) reported receiving similar messages about their physical appearance and body size from family members. While Franko and colleagues (2012) shared that they would struggle to resolve making sense of these messages, which they conceptualized as “contradictory” within the context of being in treatment for their obesity, this author proposes that both messages are true, and hence utilizes the term dialectic; borrowing the dialectical behavior therapy stance of acceptance in order to change (Miller, Rathus, and Linehan, 2006).

Regarding Research Question 2, the data suggests that the process by which adolescents receive messages about their physical appearance and body size occurs within the context of culture, media, and their status as an adolescent receiving treatment for their obesity. Further, adolescents receive messages about their physical appearance and body size from their personal sociocultural factors (e.g., mothers; themselves; peers; siblings; extended family members), with their thoughts and feelings about their bodies (i.e., their body image self-schema) influenced by the messages they receive within the context noted above. Adolescents seem to navigate through these messages on their own through the use of self-talk, through engaging in other activities, and in seeking support from others (e.g., mothers; friends). Given the components of the model, and the underlying process the model illustrates, the findings from this study provide support for the use of the sociocultural framework (e.g., adolescents developing perceptions of physical appearance and body size from culture and media; communication of messages from family; peers; medical providers; Smolak & Levine, 2001; Tiggemann, 2011) and the cognitive

behavioral framework of body image (internalizing messages received from others; messages influencing development of adolescents' body image self-schema; engaging in self-talk (i.e., inner dialogue); Cash, 2002; 2011) when conceptualizing body image among Mexican and Mexican American obese adolescent females in treatment for their obesity.

As noted above, a few adolescents seek the support from others when navigating their thoughts and feelings about their body size. These resources included their mothers, extended family, and friends. A few adolescents discussed their reasons behind using others as a navigational resource, including feeling that there was trust within the relationship. Similar findings were demonstrated by Biggs and colleagues (2014) in their study of overweight adolescents' perceptions of the sources and types of support they are offered as they engage in physical activity and nutrition changes. The researchers found that adolescents most often use peers and their parents as sources of support. Further, the adolescent participants expressed finding instrumental (e.g., parents providing healthy food for them to eat) and emotional (e.g., two-way conversation and receiving compliments instead of rules or demands) support to be the most helpful to them. The current study demonstrates the utility of exploring the adolescents' reasons behind their choice of a navigational resource (e.g., their mothers), as it may provide additional information about dynamics within the relationship that either facilitates their use of this navigational resource or deters them from using it.

Strengths and Limitations

This study had several strengths and limitations. With regards to strengths, there were many differences within the adolescent participants that may have contributed to the richness of the results of this study, including differences with regards to their BMI classification (e.g.,

overweight to severely obese), cultural identification (ranging from “more” American to “more” Mexican), age (ranging from 12-16 years), and co-morbid medical conditions (e.g., high cholesterol; Type II diabetes).

Participants in this study represent a clinical sample; thus, they provided a unique insight into the challenges adolescents and their maternal caregivers face regarding the development of their body image self-schema. Further, while the author did not ask about mental health conditions (e.g., depression; anxiety; posttraumatic stress disorder) that the adolescents may have, a few of the adolescents seemed to be experiencing some sadness, as evidenced by their affect throughout the interview. As noted by Beck (1967) in his presentation of a cognitive theory of depression, a depressed individual’s existing schemas may lead them to retain information that falls in line with their schemas. Given this information, it may be possible that these feelings of sadness may have influenced these adolescents’ body image self-schema, and cognitive reactions to messages received, providing an additional layer of complexity to the experiences of these adolescents in treatment for their obesity.

With regards to limitations, due to difficulties with recruitment, none of the adolescent participants were “new” patients to ACES weight management clinic. Additionally, recruitment was expanded to include participants in TEEN group, an auxiliary ACES program. It may be possible that the amount of intervention (i.e., length of treatment; participating in both ACES and TEEN group) may have influenced the adolescents’ responses, including their body image self-schema.

While the interview data captured a rich description of the messages these adolescents receive pertaining to their physical appearance and body size and the process by which they

navigate and manage these messages, the open-ended questions seemed to have been challenging to answer for a few adolescents. When this occurred, the author phrased the questions in more concrete ways to facilitate their response. Further, a few adolescents expressed feeling uncomfortable expressing their thoughts and feelings about their bodies, which may have limited the information they disclosed to this author. For one adolescent who demonstrated a great deal of self-protection regarding answering questions about her body, the author attempted to ask questions that were less direct, which seemed to have facilitated the adolescent's ease in answering questions about thoughts and feelings about her body. Further, all of these participants self-selected to be interviewed by this author, demonstrating a desire and willingness to participate. Thus, they may not be representative of all families participating in obesity weight management programs.

The author as the sole vehicle through which the participants' stories were told and analyzed, and the author's prior experience working with youth who are obese and their families present another limitation. While the author engaged in actions to help ensure the trustworthiness of research findings (e.g., meeting with peer debriefing colleague 1-2 times per week; ongoing self-reflection; reviewing data analysis with dissertation chair), it is suggested that the results be interpreted with that limitation in mind.

Additionally, the qualitative methodology utilized in this study changed after recruitment had been completed. As stated in Chapter 3, this study's design was influenced by CQR, including the guideline that data analysis occur after all data has been collected. Given challenges in recruiting a sufficient number of research team members to engage in CQR, the study's qualitative methodology was changed to Grounded Theory and thematic analysis. This change in qualitative methodology occurred after data had been collected. As such, saturation of

concepts and categories may not have been reached (Corbin & Strauss, 2008), nor could theoretical sampling be implemented (for the Grounded Theory analysis). Theoretical sampling would have been particularly useful to gain a better understanding as to whether adolescents perceive the messages they receive as dialectic, and their reactions to these messages being dialectal.

In addition, the low number of participants (N=21; 9 mothers; 9 adolescents; 3 grandmothers) may limit the generalization of the research findings. Further, as a consequence of the low number of grandmother participants, their roles and influence on their granddaughters' and daughters' thoughts and attitudes about their weight were not captured to its fullest potential in this study. Lastly, limited information was provided by these dyadic or triadic families of the messages other caregivers (e.g., fathers; grandparents; aunts; uncles) may provide the adolescents. This may likely be due to the interview questions not eliciting these responses.

Implications

Despite the limitations noted above, the findings from this study contribute helpful information about the lived experience of Mexican and Mexican American obese adolescent females, their mothers, and grandmothers. A presentation of implications for future research and clinical practice are offered below.

In order to gain a more comprehensive understanding of grandmothers' roles in the development of thoughts and feelings of their daughters' and granddaughters' bodies, it may be beneficial to conduct interviews with these grandmothers in Mexico (for those grandmothers who do not live in the U.S.). Further, interviewing fathers' (or paternal caregivers) regarding messages they provide their daughters may provide a greater understanding of the manners in

which they communicate with their daughter about her physical appearance and body size, as the literature indicates that fathers' messages may influence daughters' behaviors. For example, in a study of 356 adolescent females (over 42% considered overweight or obese; 14.3% Hispanic) by Neumark-Sztainer and colleagues (2010) exploring the manner in which parents talk about weight, their own dieting, and teasing regarding weight, father's encouraging their daughters to diet was significantly related to these adolescents' utilization of unhealthy weight control behaviors (e.g., restricted eating; taking diet pills). While the aforementioned study utilized self-report, it does provide additional support for engaging in additional research to attain paternal reports of the manner in which they provide messages about physical appearance and body size to their daughters.

As noted earlier, a few adolescents appeared to be experiencing some sadness, which was presented as a potential influence in their responses. It would be beneficial in future research to continue to examine the risk factors for depression among youth with obesity, including perceived weight. As noted in Roberts and Duong's study (2013) researching the association between obesity, body image, and major depression among a large community sample of adolescents (N=4175), only perceived weight, and not BMI classification, was found to be associated with major depression.

With regards to clinical practice, the model derived from the mother-adolescent dyad may provide a helpful tool as clinicians work with these youth. The model may facilitate a clinician's understanding of the sources of influence on his/her Mexican and Mexican American obese adolescent clients' thoughts and feelings about their bodies. Additionally, the model may provide additional information on the messages they are provided about their physical appearance and body size, and the manner in which they navigate these messages. Further, as

was noted by Elizabeth and Bianca (adolescent participants in this study), it may be beneficial to build rapport with these adolescents, recognizing that disclosing their thoughts and feelings about their bodies may be very personal and emotionally distressing. While these adolescents are receiving treatment for their obesity, it is important to be mindful that they are also adolescents with thoughts and feelings, and interests outside of their obesity. Additionally, it may be important as a clinician working with youth with obesity to be mindful of the manners in which one measures “success” with regards to the adolescent living a healthier life. While it may be tempting to measure treatment success as their client losing weight, this may influence clinicians’ approach towards working with these youth, including possibly becoming frustrated when they are gaining weight. Further, as noted within the mother-adolescent data, adolescents’ nutrition and physical activity habits may be influenced by a variety of potential underlying factors (e.g., their mother’s use of constant vigilance; messages related to “being overweight is undesirable” for both aesthetic and health reasons; an adolescent feeling “singled out” by healthy living changes their mothers are trying to help them with; their body image self-schema). Given this information, it may be beneficial to explore these potential underlying factors as a clinician, as it could provide a greater understanding of underlying challenges that may make implementing healthy living changes, and sustaining them long-term, rather difficult for their adolescent clients.

Further, data suggests that within the mother-daughter relationship, providing suggesting statements when discussing healthy living changes, coming from a “team approach” and not “singling out” the adolescent seem to elicit more receptiveness from the adolescent regarding their implementation of these changes. Moreover, mothers’ own beliefs about being overweight, including her own experiences with being overweight, and her reactions to her daughter’s

receptiveness to implementing healthy living changes, seem to influence the feedback they provide their daughters. It may be helpful to gain a better understanding of these beliefs, and their influence on messages provided by mothers to their daughters.

Conclusions

The purpose of the study was to explore messages Mexican and Mexican American adolescents with obesity receive from others (including their maternal caregivers), and the manner in which they navigate and manage these messages. Data from the mother-adolescent dyads revealed a model that explains the process noted above, including the sources of these messages, potential influential factors for the mothers' messages for her daughter, and the adolescents' emotion, cognitive, and behavioral reactions to messages received. These adolescents receive dialectical messages related to "being overweight is undesirable" and "accept yourself". Further, the data revealed potential influential factors within the mother-daughter relationship that may influence the daughter's use of her mother as a navigational resource when navigating messages about her physical size and appearance, including thoughts and feelings about her own body. The two primary themes from the mother-adolescent-grandmother triads data were consistent with components of the aforementioned model.

The findings from this study provide additional support for previous literature, including support for the utilization of the sociocultural framework of body image and the cognitive behavioral framework of body image within this population. Further, results provide additional support for the sources of these messages among youth with obesity (e.g., mothers; siblings; school peers), and the influence mothers' messages may have on their adolescents' behaviors related to nutrition and physical activity. Overall, this study attempted to provide a greater

understanding of the lived experience of adolescent females with obesity as they navigate messages about their physical appearance and body size during their adolescence.

APPENDICES

Appendix A: Adolescent Interview

*Questions not in **bold** are examples of probes

Warm Up Questions

1. **What brought you to ACES weight management clinic?** [Probe examples: What sorts of goals do you have for yourself being there? Goals your mom or grandmother have for you being there? How was your first appointment?]
2. **What other medical places have you gone to receive services for your weight?** Whose choice was it to go to those places (e.g., mother, father, referral from other medical professional)? **How did you feel at [insert name of medical places: pediatrician, nurse, etc.] when you were there?** What sorts of things did the doctors, nurses, front desk staff says that you remember, that stuck out to you? **What comments did they make about your physical size and/or physical appearance? How was that for you?**

Cultural Influences

3. **Describe your cultural background.** Where were you born? Where did you grow up? [If born in Mexico]: **What age did you come to the U.S.? What changes did you notice between the ways you thought about your body when you were in Mexico vs. when you came to the U.S.?**

[If born in U.S.]: **Are any family members still in Mexico?**
[if yes]: How often do you visit them? **What differences do you notice between the women in Mexico vs. the women here in the U.S. with regards to their physical size/body?** The way they feel about their bodies/talk about their bodies?

Media Influences

4. **Tell me about the type of media you use (e.g., television, internet, magazines). In what language?**
5. **How would you describe the women on the media you use in [language indicated above]? What do you think about the way that they look?**

Physical Appearance & Size

6. **So, I'd like to ask, how would you describe your physical appearance?** If I had a blindfold on, how would you describe the way you look, from your head to your toes? How about your body? What sorts of adjectives/description words would you use/do you use? **What do you remember about your physical size when you were younger** (when you were like/around 3 years old, 6 years old, 9 years old, 12 years old)?
7. **What do you like best about your body right now? The least?** What's the favorite part of your body? **Out of everyone in your family, who has a similar body shape to yours? How is that for you? How do you compare to other women/girls that are of the same cultural group as you?**

Body Ideals and Influences

8. **Describe to me the ideal teenage girl** (both how she would be physically and what her personality would be like). **How do you think you are like her? Different from her? As you thought about the ideal teenage girl, what influenced your description?** Where did you get those descriptions from (e.g., media, family, peers, culture)?

9. **Where have you gotten the words you used to describe your body? The ideal teenager/woman?** How does the girl you described compare to other women that are of the same cultural group as you?

Familial Influences

10. **What sorts of comments have you heard your family make about you in general? Your weight/physical appearance? How does that fit with how you view/see yourself?** Does it fit well? How? Not well at all? How?
11. **Whose opinion about your physical appearance means the most to you and why?** Tell me why this person's opinion means the most to you.

Communication about Appearance

12. **When you and your mom talk about your thoughts/feelings around your appearance, what does your mom say? What about with your grandmother?**
(if interviewee states that they do not talk with their mother/grandmother about their physical appearance): What would it be like to talk about these things with you mom/grandma? What would you like for your mother/grandmother to say to you about your body shape/physical size? What other people in your family have you talked about how your physical appearance?
13. **What sorts of things do you hear your mom say about her physical appearance/body? Your grandmother? What would you like to say to them when they say these things?**
14. **How would you describe your relationship with you mom right now? Your grandma?**

Peer/School Influence

15. **Describe your school to me** (e.g., small/large middle school/high school). **Describe the kids that go to your school** (cultural background, physical size/shape). **Describe the teachers/principal** (their physical appearance, cultural background). **What is it like for you at your school?**
16. **When you talk with your friends about your physical appearance, what sorts of things do they say? What do they say back to you?** What sorts of things do you hear them say about their bodies? Do you have one group of friends or different groups of friends? **In what ways do you notice that you talk different about your body/physical appearance with your friends** (or different groups of friends) **and your mom? Grandmother?**
17. **Are you in a relationship right now? What sorts of comments do you hear your boyfriend/girlfriend make about your physical appearance?**

Coping

18. **So you've shared with me that you get comments about your physical appearance from [name those mentioned by participant], and I'm wondering how do you make sense of what they say about you?** What sorts of feelings come up when you think about their comments? **How do you cope with these comments?**

Appendix B: Mother Interview

*Questions not in **bold** are examples of probes

Warm Up Questions

1. **What brought you to ACES weight management clinic?** What are you hoping to get out of being at ACES? What sorts of goals do you have for your daughter and her participation at ACES?
2. **What other medical involvement has your daughter had for her weight? How did it feel like for you being there?** What sorts of things did the doctors, nurses, front desk staff say to your daughter's physical size? Comments about your body size/shape? What was that like for you?

Cultural Influences

3. **Describe your ethnic background. Where were you born? Where did you grow up?**
[If born in Mexico]: **What age did you come to the U.S.? What changes did you notice between what you thought about your body when you were in Mexico vs. when you came to the U.S.?** What do you contribute this to?

[If born in U.S.]: **Are any family members still in Mexico?**

[if yes]: How often do you visit them? **What differences do you notice between the women in Mexico vs. the women here in the U.S. with regards to their physical size/body?** The way they feel about their bodies/talk about their bodies?

Media Influences

4. **Tell me about the type of media you use (e.g., television, internet, magazines). In what language?**
5. **How would you describe the women on the media you use in [language indicated above]?** What do you think about the way that they look?

Physical Appearance & Size

6. **So, I'd like to ask you, how would you describe your physical appearance?** How about your body? What sorts of adjectives/description words would you use/do you use? **What do you remember about your physical size when you were younger (a child, adolescent)?**
7. **What do you like best about your body right now? The least?** What's the favorite part of your body? **Out of everyone in your family, who has a similar body shape to yours? How is that for you?**
8. **What do you remember about your physical size when you were younger** (when you were a child, a teenager, a young woman (track physical size for every decade of life from 20s to participant's current age)?

Body Ideals and Influences

9. **Describe to me the ideal teenage girl. How would you say your daughter compares to that? What about yourself when you were your daughter's age?**
10. **Now I would like for you to describe the ideal woman (both physical and personality characteristics). How do you think you compare to that?** In what ways are you like the woman you described to me? In what ways are you different? As you thought about the ideal woman, where did you get those descriptions from (e.g., media, family, peers, culture)? **What influenced your description?**

Adolescent Experience with Body Image

11. **How would you describe your daughter (both physical and personality characteristics)?**
12. **Thinking back to when you were [Name of adolescent's] age, how did you feel about your body? What sorts of comments did you hear? From whom?**
13. **Looking back now, in what ways are you are reminded of these comments seeing your daughter grow up? If so, what is that like for you? If not, what is that like for you?**

Communication about Appearance

14. **Tell me about a time when you and your daughter talked about her physical appearance.**
What came up in the conversation?
15. **Tell me about a time when you and your daughter talked about how she felt about her body.** What was that like for you?
16. **When you were growing up, when you talked with your mom about your physical appearance, what was that like for you?** [If participant says she did not speak with her mom about her physical appearance], how was that like for you? What sorts of comments did you hear your mom make about her body/physical appearance? When you talk about your physical appearance now, how are you reminded about these comments? **How do you talk with your mom about your physical appearance now?**

Becoming a Mother

17. **How do you think becoming a mother has affected the way you view your body/physical appearance? How do you share your experiences about this with your mother?**

Appendix C: Grandmother Interview

*Questions not in **bold** are examples of probes

Warm Up Questions

1. **What brought your granddaughter to ACES weight management clinic for services? What are your thoughts around that?**

Cultural Influences

2. **Describe your cultural background.** Where were you born? Where did you grow up?
[If born in Mexico]: **What age did you come to the U.S.? What changes did you notice between what you thought about your body when you were in Mexico vs. when you came to the U.S.? What do you contribute this to?**
[If born in U.S.]: **Are any family members still in Mexico?**
[if yes]: **How often do you visit them? What differences do you notice between the women in Mexico vs. the women here in the U.S. with regards to their physical size/body? The way they feel about their bodies/talk about their bodies?**

Media Influences

3. **Describe differences you notice between the way in which women are portrayed in TV and magazines in Mexico and the U.S. How about when you were growing up? How did that/has that influenced the way you see your body/physical appearance?**

Adolescent Experience with Body Image

4. **How would you describe your granddaughter (both physical and personality characteristics)? Daughter when she was [adolescent's name] age?**
5. **Thinking back to when you were [adolescent's] age, how did you feel about your body? What sorts of comments did you receive about your body/physical appearance? From whom?**
6. **Looking back now, in what ways are you reminded of these comments seeing your granddaughter?**

Body Ideals and Influences

7. **Describe to me the ideal teenage girl. How would you say your granddaughter compares to that? Your daughter when she was [granddaughter's age]? What about yourself when you were [granddaughter's] age?**
8. **Now I would like for you to describe the ideal woman (both physical and personality characteristics). How do you think you compare to that?** In what ways are you like the woman you described to me? In what ways are you different? As you thought about the ideal woman, where did you get those descriptions from (e.g., media, family, peers, culture)? **What influenced your description?**

Communication about Appearance

9. **Tell me about a time when you and your daughter talked about her physical appearance as an adolescent. As an adult.**
10. **Tell me about a time when you and your daughter talked about how she felt about her body when she was an adolescent. An adult.** Describe any differences you notice with the way in which you talk to your daughter about her appearance (if any).
11. **Describe a time you've talked to your granddaughter about her physical appearance.**

12. **Describe a time when you talked with your granddaughter about how she felt about her physical appearance.** What came up during your conversation? What differences do you notice between the way you talk with your granddaughter about her physical appearance and the way you talked with your daughter about her physical appearance when she was [adolescent's] age?

Becoming a Mother

How did becoming a mother/grandmother affect the way in which you view your body? How did you talk about this with your mother? Your daughter?

Appendix D: Demographic Information Sheet

Demographic Information Sheet

Your responses to the following questions will be reported in aggregate only, in order to provide information about the demographic characteristics of participants in this study. You do not need to identify yourself by name on this sheet, and you may choose not to respond to any of these questions.

1) Age: _____

2) Race/ethnicity: _____

3) Country/State of Origin: _____

4) Languages spoken other than English: _____

5) Highest education degree obtained: _____

6) Occupation: _____

7) Marital Status: _____

Appendix E: Examples of Open and Axial Coding

Open coding Example (codes bolded)

Adolescent: They'll say, "Oh, your thighs look so good." (**feedback re: physical appearance**) I'm like, "Thank you but I don't like them." (**adolescent reaction**)

Axial coding Example

Category: Mother-Daughter Relationship

Properties: - Perceptions of daughter

- Adolescent Traits
 - Physical appearance
 - Mother's worries re: daughter's weight
 - Personality traits and interests
 - adolescent challenging behaviors
- Communication w/adolescent
 - Mother sharing concerns w/daughter
- Influential factors
 - mother perception of rx
 - relationship expectations/trust
 - openness of adolescent

Appendix F: Sample of Open/Axial Coding and Memo Writing on MAXQDA

Code name in MAXQDA	Memo Number	Memo text
Understanding of reason for ACCESS/TEEN group referral/Goals for ACES/TEEN group participant/Perception of mother's goal for adolescent	Memo 38	Within this passage, Amelia is communicating that she and her mother take a "team approach" re: lifestyle changes, including eating healthier and more mindfully. As Amelia noted, she doesn't mind these changes bc they're doing it together. In this instance, she doesn't feel like she "sticks out" in any way. I remember when re-reading her interview that she does feel different/is annoyed by her mother's constant vigilance when she notices the way she treats she and her sister differently (attributing to this difference being bc of body size (Amelia's interpretation-->mother lets my sister eat differently and doesn't get on her case because she's thin and is more on my case bc I'm thicker)
Culture/Cultural Identity	Memo 39	Within this passage, Amelia is noting differences between what she considers to be her cultural identity. She notes that while she understands that she was born here, she considers herself to be Mexican, as she feels more connected to that culture. What appears to be an influential factor in this is her mother's communication of the importance of culture through discussion as well as through action (e.g., celebrations and working together in Baile Florklorico (sp; which I think serves as quality time spent together as well). Additionally, importance of culture is communicated through spending time together w/family in Mexico (and them coming here to U.S. for big celebrations- family connectedness (?)).
Culture/Cultural Identity	Memo 40	I have to remember that communication of culture (importance) can also include father communicating this importance of culture to their children.
Physician Comments	Memo 41	I remember from the mom's interview that she was unconvinced hearing that her daughter was not overweight (normal weight). I get the impression (though this may totally not be the case) that her own experience w/weight gain, and this fear of being 283 experiencing/losing control over eating habits, stemming

		<p>from own experience w/weight gain and her own family's reaction to the weight gain may be influencing her concern over her daughter's weight (along w/other factors).</p> <p>- There may be a rx bet physician comments and how mothers perceive their daughters (ex: Sofia noted above; Barbara- when she heard from physician that Maite was overweight, her perspective of her daughter's body changed, and she became even more overly concerned over her daughter's weight)</p>
Body Image/Culture/Women in Mexico vs. U.S.- Adolescent Perceptions	Memo 42	<p>Within this passage, Amelia is noting that people are more open in U.S. than Mexico (re: chatting), noting people in Mexico are more reserved and quiet and continue to wear traditional dress. She also talks about "accessibility of merchandise", including "accessibility to food". She also reports economic differences in Mexico on the aforementioned "codes", which she doesn't cite here in the U.S. Further, she reports that income plays a role in people's body size in Mexico, noting that the workers at the Mercados are heavier, while the women who are richer are generally thinner (what's she's seen), and associates this to availability of physical activity (so, being able to go to the gym and exercise, which is something that people who are poor are unable to do). She attributes availability of physical activity in U.S. to whether people have time in their schedules or not (vs. Mexico, which sounds like whether they have disposable income or not)</p>
Body Image/Media/Perception of Media	Memo 43	<p>Within this passage, Amelia notes that the media she watches doesn't seem to influence her sense of self-like she doesn't identify with them, so it seems like while she identifies that many of the people on the shows (ex: Vampire Diaries) are skinny (notes there's cultural diversity), her focus seems to be placed on their life experience, and seems to have a distance between herself and the people on the shows. While there may be some absorption of what's viewed as beautiful/desirable, she hasn't internalized this view and affect how she thinks about herself.</p>

Self Perception/Body during childhood (evlolution of body)	Memo 44	<p>As Amelia is tracking her body, she uses the word that her mom has always described her as, which suggests that a mother's perception of her daughter's body may influence the way her daughter sees her own body. She quickly says she hasn't had a problem with it, almost suggesting that this may not be the best word to use (okay, may be reading too much into this). She does then note how her mother has helped her feel more at ease with her body/being chubby.</p> <p>*One of the ways this mother and daughter talk about their bodies is by playfully joking about it- further down Amelia notes that her mother seems comfortable with her own body, as evidenced by her reaction to Amelia's younger sister telling her that she has two tummies. (mom modeling for daughter how to react; communicating comfort with own body)</p>
Mother-Daughter Rx/Mother's concern w/daughter's physical size (weight)	Memo 46	<p>W/in this segment, Amelia is communicating again the way in which her mom is communicating that the changes are a "team approach", which may help Amelia be more receptive to the changes in eating habits.</p> <p>*Amelia's mom is also modeling researching as a way to know what one is consuming (e.g., what vegetables/fruits to put in smoothie)</p>
Mother-Daughter Rx/Mother's concern w/daughter's physical size (weight)	Memo 47	<p>In the segment "It's not just me", the adolescent feels like it's a team approach (re: healthy living changes), and her mom has helped communicate this by placing importance on doing changes w/her daughter- and communicating that the changes are mutually beneficial; not just done for adolescent's benefit)</p>
Mother-Daughter Rx/Mother's concern w/daughter's physical size (weight)	Memo 48	<p>W/in this passage, Amelia is also noting how the team approach has helped her feel more receptive to making the aforementioned lifestyle changes</p> <p>- Adolescent is also noting "constant vigilance" re: monitoring food</p>
Body Image/Self Perception/Description of own	Memo 49	<p>This adolescent is noting that while she likes her waist, she does not like her thighs. She notes that she knows that when she loses weight, this part (thighs) will look</p>

physical appearance		better. It's a connection that weight loss is a solution to "looking better". While Amelia noted that she is comfortable w/her appearance (and confident in it), she also notes that she believes that losing weight (and getting her legs to look the way she wants them to) will give her that extra boost in confidence and will solve the challenges she faces w/clothes bc her thighs are bigger than her waist)
Body Image/Self Perception/Description of own physical appearance/Limitations weight imposes on adolescent's life	Memo 50	<p>W/in this passage, Amelia is noting the limitations her current body size poses on her life. She notes the following limitations:</p> <ul style="list-style-type: none"> - athletics *Hesitates to give it 100% in soccer bc she's concerned her legs won't withstand the demand and effort (e.g., running) *Another adolescent who has found a sport/interest that is physically-active based (dance and soccer; like Adol1 and Adol 3->the other two whom have been able to sustain lifestyle changes (and lose weight) - clothes *struggles to find jeans that fit her bc of thicker thighs
Body Image/Self Perception/Description of own physical appearance	Memo 51	Within this segment, Amelia is noting her style (what she likes to wear)
Culture/Comparison of own body to other Mexican adolescents	Memo 52	<ul style="list-style-type: none"> - W/in this segment, Amelia is expressing differences between herself and other Mexican American adolescent girls (ones she's exposed to- which is mostly at school). She notes differences mostly in physical appearance (in terms of physical presentation). - Amelia reports that this difference (re: physical presentation) has some to do w/the way she is being brought up (to be mindful/conservative re: how she (one) dresses)
Culture/Comparison of own body to other Mexican adolescents	Memo 53	W/in this segment, Amelia is also noting what she thinks about these adolescents (and their physical presentation) and how this influences her actions (e.g., doesn't hang out w/them bc of how they present themselves in school). She also shares her attributions to why the adolescents are dressing the way they do

		(e.g., economic; wanting to get attention from others).
Body Image/Ideal Teenager	Memo 54	W/in this passage, Amelia is kind of projecting her own qualities to this ideal adolescent re: appearance and personality. She noted that the "ideal teenager" would be thin and have muscular/tones thighs. While she does note "skinny" as a characteristic of an ideal teenager, the degree to which this affects her self esteem may be low. I struggle a bit with this bc she says she wants to lose weight, and associates weight loss with that extra boost to her self-confidence, but she does not appear depressed about her appearance/define herself based on her physical appearance, which may influence the degree to which this influences her self-perception (e.g., not generalizing this and being completely dissatisfied w/herself)
Body Image/Ideal Teenager/Influences re: description	Memo 55	W/in this passage, Amelia is noting that influences to ideal adolescent include herself (physical and personality characteristics) and others (mainly girls/friends she's seen at school). I wonder if she compares herself to her friends, or if she sees these physical qualities and admires them (don't know based on how I asked the question whether she would want to have these same legs, although later on in the interview, she does note she wants toned, muscular legs)- so this may be an influence that may not be conscious to her. Behavior she engages in is: comparison to others in an indirect way (like, not saying explicitly she wants their legs/arms, but notes that she wants toned legs, and she admires her friend's legs bc they're toned)
Body Image/Self Perception/How losing weight/reaching appearance goals would influence life	Memo 56	<p>Amelia is expressing how her body/life would be different if she were to reach her weight loss goal. These include increase in physical strength and an increase in confidence (which she notes she considers she has already- confidence in self).</p> <p>To get a sense about motivation, Amelia notes that it's 50/50 (appearance and increasing what she thinks her body is capable of re: sports/health->body)</p>

		performance)
Body Image/Ideal Teenager/comparison ideal adolescent to other Mexican American adolescents	Memo 57	Amelia notes complexion as a similarity of ideal teen to other Mexican American adolescent females
Body Image/Family/Family messages re: adolescent's appearance	Memo 58	This adolescent is noting that her family in Mexico don't really comment on her appearance, but her family in the U.S. does a bit (more younger sister and mom). Per Amelia, this doesn't bother her, and I remember noting previously this could be because her mother models that talking/joking about appearance is okay about appearance, bc it's known to be taken like a joke (and not done to be offensive - and I think too, when done in the context of being warm and communicating acceptance, adolescent doesn't get offended)
Body Image/Self Perception/Biggest influence re: physical appearance	Memo 59	It may just be me, but I hear a bit of a sense of disappointment/uncertainty in what adolescent is communicating. While there's a healthy communication re: appearance, I do wonder sometimes if this adolescent feels like there's different treatment, which may lead to her feeling like she may not have been what her mom expected (noting- based on physical appearance)
Body Image/Family/Mother-Daughter Rx/Communication re: appearance	Memo 60	Amelia is noting in this passage differences in the way her mom approaches she and her sister re: eating habits, noting sister has more leeway from mom due to her body size (adolescent attribution to differences in treatment). She notes that mom's treatment of her (being more on her re: eating habits) is partially because she wants Amelia to serve as a model for her sister in a way. I do wonder whether the message Amelia may be getting is that body size is important (e.g., being overweight is a problem), and mom is more on her ("constant vigilance") because of body size vs. health (it may be both, but I do wonder if adol is getting message that what's important is also one's body size with mom's actions- and health is second (essentially, she's being treated differently bc of body

		size and not health concerns; or, not exclusively for health concerns).
Body Image/Family/Mother-Daughter Rx/Communication re: appearance	Memo 61	It seems like mom's differential treatment w/Amelia is raising up this idea/belief in Amelia that she should be trying harder to please mom (and essentially, be thin like my younger sister)
Body Image/Family/Mother-Daughter Rx/Communication re: appearance	Memo 62	<p>Amelia is describing instances in which she and her mom talk about their bodies. She notes that this is discussed "all of the time", and I wonder if it's a form of "constant vigilance" re: appearance and body size. Mom is communicating that Amelia has an added responsibility bc telling her to read label (also noting that this is something Amelia has capacity to do- her role- and then both discuss re: what to get to eat. It's a constant conversation, which Amelia doesn't always mind.</p> <p>She notes that she doesn't like to talk w/her mom about her appearance as it relates to talking about clothes, but it sounds like it's more based on type of attention Amelia would get vs. how the clothes look on her (e.g., clothes look bad). I wonder if this may be a way of Amelia's mom protecting her daughter from harm, and socializing her to what's out there (e.g., men potentially making disrespectful comments towards her- so mom wants her to dress more conservatively)</p>
Body Image/Family/Mother-Daughter Rx/Communication re: appearance	Memo 63	This mom and daughter engage in comparison to one another, which is one way body size comes up in conversation. Amelia notes she wants to prove her mom wrong and be the smaller size (which she is).
Body Image/Family/Rx with grandmother/Discussion of physical appearance	Memo 64	Amelia notes that her gma is really into healthy eating (which was echoed by Amelia's mom), and they talk about this. Amelia notes that distance (location-wise) influences the frequency with which they (she and gma) talk about her (Amelia's) physical appearance

Coping strategies/individual activities/listening to music	Memo 65	<p>Amelia names two things- exercise and listening to music- she has figured out two ways to manage her emotions when upset (one as a default and one as a backup/when experiencing different emotions/different intensities of emotions, she does something else (more active- gets her mindset in a better place). She's associating physical activity w/coping, which may prove helpful re: healthy lifestyle changes.</p> <p>- She's an adolescent who strikes me as someone who does not cope w/food. The challenge seems to be more around mom's perception of her body (how mom views adolescent's body), and adolescent striving to make changes partially to meet mom's communicated (covertly) of what she'd like her daughter's body to be like)</p>
Self Perception/Differences in comments re: appearance & how adol resolves diff	Memo 66	Amelia seems to resolve different messages (per her, the different messages are coming from friends vs. mom), and she holds both messages to be true and takes it as constructive- thinking about ways that she could improve herself (so, communicating that she's a work in progress and she can always improve, while also still being confident now while she's making those changes/improvements)
Romantic Partners and Perspective	Memo 67	Amelia is noting that while she's thought about having a bf, it's not her priority right now, given her other commitments- has other things to do/her focus is elsewhere
Mother-Daughter Rx/Communication re: appearance/Reactions of adolescent	Memo 68	Amelia seems to interpret mom's actions and words as communicating ways she can get better- and Amelia wants to continue to improve re: body size/weight. It helps her feel more aware of her actions, which helps her move towards her goal (weight loss and healthy eating)
Mother-Daughter Rx/Communication re: appearance	Memo 69	Amelia is noting differences in how her mom talks with her about her physical appearance and how her friends talk w/her re: physical appearance. It's interesting, because her mom appears to be engaging in "constant vigilance", which includes constant discussion about adolescent's progress towards weight loss/promoting self-awareness re: how actions affect

		weight. I wonder if this may reinforce this idea in Amelia's mind that her mom wants her to look like her sister (that body size is important), which I wonder if this is influenced by mom's own experience w/wt gain and her mom's/fam's reaction to that weight gain (engrained re: always be aware of what you consume to keep weight down and be healthy- in control of self in a way)
Friends/Discussion of physical appearance w/friends	Memo 70	Amelia is describing how she talks w/her friends about her body. She engages in complimenting, and they do the same w/her, and she communicates disagreement w/their feedback bc they name a part of her she does not like/is dissatisfied with. While there's this discrepancy between how she sees herself and how others see her (mom also notes in her interview that she provides the feedback that she does not think there's anything wrong w/her legs), Amelia interprets her friends' feedback as increasing her confidence, reflects, then accepts the compliment. It provides a time to check-in w/herself and accept the feedback- and think about why she doesn't like her thighs/that she has parts about herself that she doesn't like.
School Environment/Impression of school peers	Memo 71	Amelia discusses differences she sees between peers at school, notably differences between Mexican and White peers. She expresses a lot of diversity at school, and states she hangs out mostly w/While and Mexican people- sharing impression that the White people are like "rednecks", noting they have a lot of land and work the land. Re: mexicans, she says they also have land, but they don't really engage in ranching like the White people
School Environment/Impression of school personnel	Memo 72	Amelia shares her impression re: school personnel- noting the way they dress (formal), and some sweats (dependent on what they teach); mostly White teachers; some body diversity
Gmo-gdau rx	Memo 73	W/in this passage, Amelia is noting that she considers herself to have a good rx w/her gma and notes that the following factors help her have a good rx w/her/close rx w/her when in Mexico: - spending quality time together (e.g., going to the

		market together; cooking together; engaging in helpful actions)
Mother-Daughter Rx	Memo 74	<p>Amelia shares that she has a "really tight" rx w/her mother, and notes the following factors as to why:</p> <ul style="list-style-type: none"> - Open communication (e.g., tell e/o everything) - Mom expressing interest in daughter's life (e.g., what's going on w/school) and mom reciprocating by sharing about her day- interest and valuing of daughter - Considers mom and her rx to be that of "best friends" - Mom communicates that her daughter is important to her/a priority - Views her in a positive regard (views her as a good kid) - Trusts her decision-making->confidence daughter will make good choices/do the right thing
Mother-Daughter Rx/Maternal remarks re: own body/Adolescent reaction to mother's comments about her own body	Memo 75	<p>W/in this passage, Amelia is expressing that her mother (as she's said in previous parts during the interview) that her mom doesn't let comments about her body get to her; she does this by being confident (Amelia's perception of her mother). It seems like Amelia's mother is communicating how to do this (and also to be comfortable in one's own body and confident re: appearance), which suggests that Amelia's mom serves as a model of sorts re: how to manage these situations.</p> <ul style="list-style-type: none"> - Amelia notes her mother demonstrates her confidence by being outgoing and fun; meeting challenges and not walking/running away from them (always trying and not giving up)

Appendix G: CQR literature review and Chapter 3 (from proposal document)

CHAPTER 2 LITERATURE REVIEW

Consensual Qualitative Research (CQR)

Given the complexity and multidimensionality of body image, and multiple sociocultural aspects of the concept, a qualitative approach would be useful in exploring the various sociocultural influences of body image among obese Mexican American female adolescents, as well as exploring the manner in which messages about physical appearance and size are transmitted across generational lines. However, a critique of qualitative approaches is that they are subjective (Hill, Thompson, & Williams, 1997). As body image is a topic in which one's own biases may come through, it is important to investigate the topic with checks in place to ensure that one's own biases as the researcher are not only acknowledged, but kept in check to help ensure trustworthiness of the data. Thus, a consensual qualitative methodological approach is proposed to investigate body image with the potential richness of qualitative research, but with added analytic rigor. Following is an overview of Consensual Qualitative Research (CQR), including the qualitative approaches that influenced its formation. Additionally, comparisons between this approach and other qualitative approaches are noted. Lastly, ethical considerations pertinent to qualitative research are described.

Consensual qualitative research (CQR) is a bottom-up (inductive) approach to investigation of a phenomenon that depends on words instead of numbers, includes a team of judges to code data and an auditor (or two) to verify these codes, depends on agreement (or consensus) from all judges for all judgments, and relies on a practice of continued reference to the raw data in order to make sure that the data is represented appropriately. The data sources can include interviews using a semi-structured interview protocol, brief written responses to a questionnaire of open-ended questions, or data from a case (Hill, 2012). With regards to participants, participants are pre-selected in order to represent the group of

interest (Hill et al., 1997; 2005). In regards to data analysis, there are specific steps pertaining to this (e.g., identify topic clusters, core ideas, common themes) (Hill et al., 2005).

CQR approach was influenced by a variety of qualitative approaches, including grounded theory (Strauss & Corbin, 1990), comprehensive process analysis (CPA) (Elliot, 1989, 1993, cited in Hill et al., 1997), a phenomenological approach, and feminist theories. Grounded theory involves the development of a theory through an inductive process (Walker & Myrick, 2006). In contrast to grounded theory, researchers implementing a CQR approach utilize the same research protocol in order to better ensure that there is a uniformity of responses within a carefully delineated sample instead of shifting between collecting data and analyzing data that occurs with grounded theory (Hill, et al., 1997). Additionally, in CQR, a team is formed that comes together to reach a consensus with regards to data analysis, and an auditor checks the work conducted by the team as a systematic check. Furthermore, as noted by Hill et al. (1997), data is initially coded into topic areas (or domains) and the “meat” of what the person said in each topic area is discussed. In addition, using CQR researchers compare the data in a systematic manner across the interviews, and chart the number of interviews that go together with each category within the topic areas instead of discussing results across an unspecified number of interviews/participants as in grounded theory. Lastly, data is presented across topic areas that may or may not follow a sequential order, whereas grounded theory conceptualizes and presents results as a hierarchical theory (Hill et al., 1997).

CQR was also influenced by CPA, but is also distinct. CPA was designed to analyze embedded meanings in specific events that arise in therapy by examining tapes of sessions and/or transcripts of these interactions (Elliot, 1989, cited in Hill et al., 1997). Additionally, CPA relies on multiple data sources (e.g., tapes, transcripts, interviews with clients/therapists, etc.). Even though CQR was designed to examine interview data, the approach does not depend as much on multiple sources of information, and focuses on examining the explicit meaning of what a participant states, as opposed to examining potential implicit messages (Hill et al., 1997; 2005).

CQR also is a reflection of a phenomenological approach. Developed by Amedeo Giorgi, a phenomenological approach emphasizes the importance of an individual's context and situation in order to best understand their human experience and data they are providing the researcher (De Castro, 2003; Hill et al., 1997). A way in which CQR is distinct from Giorgi's approach is the emphasis placed on consensus among the data analysis team, something that is viewed as less integral in phenomenological approach (Hill et al., 1997, 2005).

Lastly, CQR has been influenced by feminist theories (Fine, 1992, Harding, 1991, cited in Hill et al., 1997) in the importance placed on the way in which both data analysis team members and research participants are treated (Hill et al., 1997). In reference to team members, both feminist theories and CQR emphasize the need for reaching a consensus by team members via open dialogue and collaboration, with special attention placed to power differences in order to set a foundation for every team member's voice to be heard and respected (Hill et al., 1997). Furthermore, Hill and colleagues (1997) highlights the similarity that research participants in both approaches are viewed with a great deal of respect.

A benefit to conducting qualitative research is that a subject can be explored as it occurs naturally, facilitating depth and richness in the acquired data. A strength of CQR is that there is additional "rigor" in data collection and analysis, as there are multiple judges and an auditor to help ensure that data is analyzed in as least of a biased way as possible (Hill et al., 1997). Additionally, there is a systematic, replicable process, as outlined and described in Hill et al. (1997). Qualitative research provides the researcher with the flexibility of discussing both single cases and data across two or more cases. As noted above, CQR shares many factors common in other qualitative methodology. These include: (1) acquiring data from natural settings and the researchers using themselves as the main tool for analysis and insight into the data, (b) attempting to discuss a subject matter instead of manipulating it in some manner, (3) discussing how something came to be as opposed to giving an explanation of what something is like, (4) taking a "bottom's up" approach to theory-building based on the data instead of proposing a hypothesis a

priori and utilizing the data to test the proposed hypothesis, and (5) being interested in gaining a better understanding of a phenomena/subject from the perspective of the participant (Hill et al., 1997).

Statement of Purpose

Given the literature documenting childhood obesity as an epidemic, inconsistency in the literature with regards to body dissatisfaction in Latinas, influence of mothers on the body image of their daughters, and increasing rates of Mexican and Mexican Americans in the United States and their representation in the childhood obesity epidemic, it would be important to explore the manner in which adolescent Mexican obese females formulate their thoughts and attitudes about their bodies within the societal context in which they live. Additionally given the influence of elders, including grandmothers in Latino culture, it would be interesting to examine their role in the way in which their granddaughters formulate their thoughts and attitudes about their weight, as grandmothers not only potentially have contact with their own daughters, but their granddaughters as well.

In engaging in qualitative research, the interviewer must strike a balance around being familiar about the culture and phenomenon that is being studied and remaining open about what the data the respondent provides. Within qualitative research, while there is intent not to come in with preconceived notions about what the data will set forth, importance is placed on recognizing the initial questions one has that made one curious to explore the topic/phenomenon of interest. As such, below are some guiding questions that will be used in exploring the data and interview questions. It is essential to recognize that while these are initial questions, it will be important to remain flexible and not rigid with regards to these questions, and remain open to formulating other questions through the data collection process.

Research Questions and Rationale

As previously noted, in engaging in qualitative research, broad research questions are utilized to help guide the data collection and analysis process (Corbin & Strauss, 2008). As data is collected,

however, there may be a need to adjust the research questions in order to better reflect themes arising during the data collection process. The following questions will serve to guide the proposed study:

Research Question 1

How do three generations of Mexican American women (adolescent-mother-grandmother), with the youngest member seeking treatment for their obesity, communicate about their body shape and size among one another? What messages around body image are transmitted from mothers to daughters and grandmothers to granddaughters regarding body image among obese Mexican American adolescent females seeking treatment for their obesity and their maternal caregivers? How do these adolescent females make sense of these messages?

Research Question 2

How do Mexican American obese females seeking treatment for obesity formulate their thoughts and attitudes about their body shape and physical appearance given the sociocultural context in which they exist?

Rationale for Research Questions 1 and 2

As suggested by the sociocultural framework on body image, there are many factors that exist to influence the body image development of adolescents, including adolescent females (Levine & Chapman, 2002; Tiggemann, 2011). Additionally, there is evidence to suggest that adolescents with obesity may face additional influences to their body image formulation, including that of medical professionals. Given the rise in obesity rates among Mexican American adolescents (Flegan et al., 2004), and reported body image dissatisfaction among adolescent females (Wertheim & Paxton, 2011), particularly those who are overweight or obese (Markey, 2009; Neumark-Sztainer, 2011), it would be interesting to examine the way in which these adolescent females navigate the various sources of influence on their body image.

Chapter 3: Method

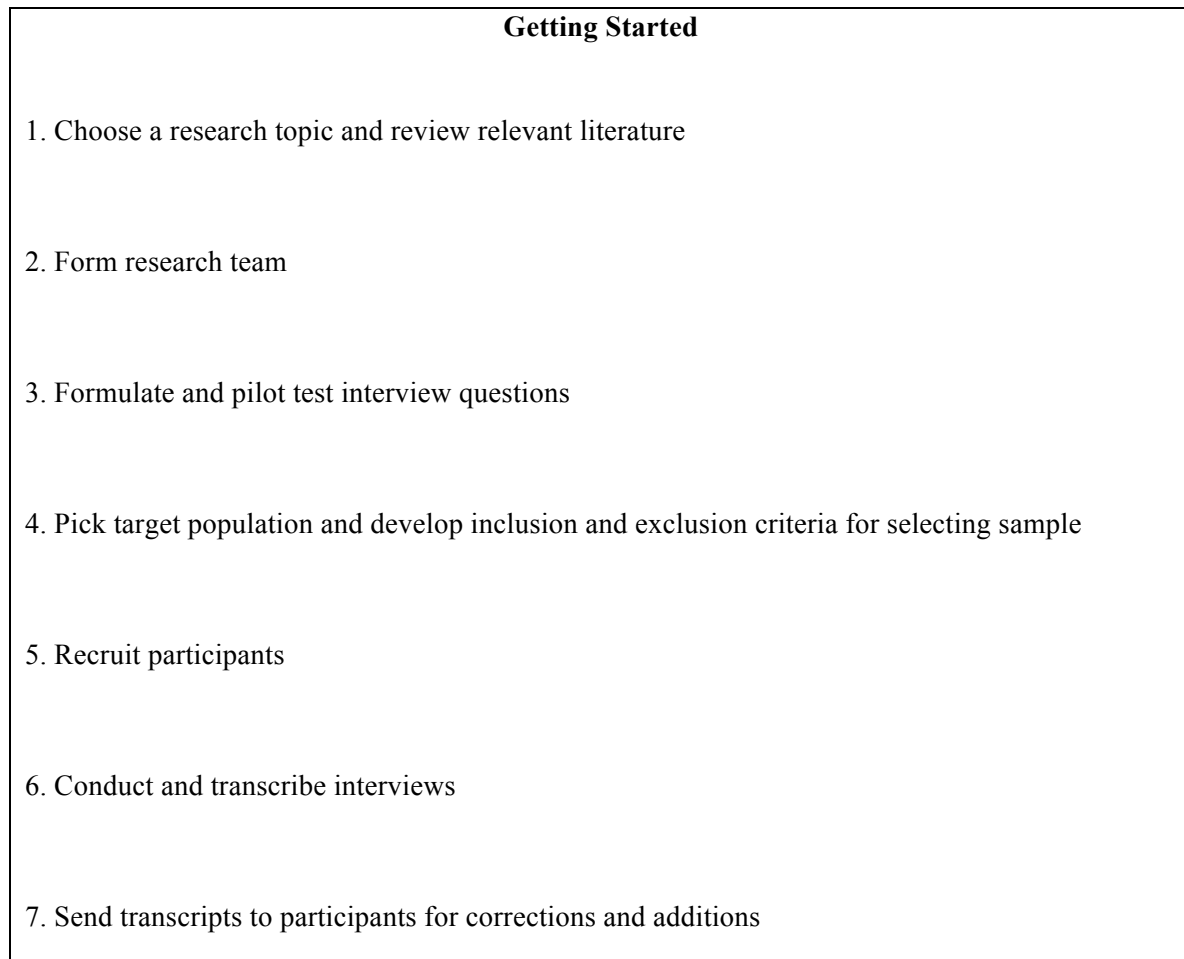
The following section documents how the proposed study will utilize CQR steps as proposed by Hill and colleagues (1997, 2005). Additionally, details are provided about the participants, interview protocol, and overall method. Lastly, information about the qualitative analyses is discussed.

Getting Started

The process of implementing the CQR approach can be divided into three major steps. Below is an overview of the first CQR step (Getting Started; Figure 3) that will be implemented by the proposed study.

Figure 3

CQR Steps: Step 1 (adapted from Hill, 2012, p.13)



Research topic and literature review. The initial step in CQR is developing a focused area of study, and designing questions around that specific topic in order to set up the best chances for a more manageable data set. For the proposed study, the research topic of interest is the body image development among obese Mexican American adolescent females and intergenerational messages of body image among these adolescents, their mothers, and grandmothers.

The literature on body image, Latino culture and childhood obesity was reviewed and utilized in the formulation of interview questions for the adolescent, mother, and grandmother interviews. As specified by Hill et al. (1997; 2005), reviewing the literature is necessary in order to examine potential faults other researchers have committed in studying the topic of interest. Additionally, reviewing the literature informed the researcher about how this proposed study can possibly contribute to the existing literature (Hill, 2012; Hill et al., 1997, 2005).

Recruitment of a research team is the next goal and that has begun. Currently, the research team consists of this researcher, a postdoctoral fellow in the Austin area, and a 5th year graduate student. The postdoctoral fellow has experience conducting CQR. One additional member will be recruited from the school psychology doctoral program to aid with data analysis. During the first team meeting, a set of rules and expectations will be drafted with input from all team members. Some examples of rules include: (1) a focus on creating an environment where team members demonstrate respect for one another, (2) an ability to discuss opinions freely, openly discuss and reconcile power differences, as team members will be at different points in their career development, (3) having the freedom to challenge one another's thoughts and analysis of the interviews, and (4) resolving differences of opinion and interpretation. A rationale for the rules will be discussed among team members, as the goal of CQR is to arrive as close to the "truth" in the data as possible, and this cannot be done without coming to a consensus. In sum, research team members being transparent with one another will produce a more cohesive team membership and involvement, thus resulting in a thoughtful and thorough analysis of the interview data.

In order to comply with the CQR method, an auditor has been recruited who will check the data analyses of the research team, and verify the quality of the work being undertaken by the research team, providing feedback to the research team about the way in which they are reviewing the data (Hill, 2012, p.139). For this proposed study, this researcher's dissertation chair will be the auditor, as she has extensive experience conducting qualitative research.

Developing the interview protocol and pre-pilot study process. Formulation of the interview schedule has begun. Professors with expertise in qualitative research and clinicians with experience working with Mexican American youth with obesity have reviewed the interview questions. Interview questions are open-ended in order to provide the participant with the flexibility to answer as desired. Standard probes are included in the interview protocol to help facilitate obtaining more information (please review Appendix A-C for the interview questions). The interview is semi-structured, which allows the researcher the flexibility to adapt the protocol to the needs of the participant. The interview questions have gone through revisions based on feedback from pre-pilot participants, and will continue to be revised as pilot data is collected in order to ensure that the questions are comprehensible and appropriate by a wide age range (as adolescents, mothers, and grandmothers will be interviewed in the pilot).

Pre-pilot process. This researcher has conducted interviews with 2 mother-daughter dyads and 2 adolescents whose mothers were unavailable for an interview. The adolescent age range was 15-19. One mother-daughter dyad and the two adolescent only interviews were conducted in English and the other mother-daughter dyad interview was conducted in Spanish. All adolescents reported having a history of being overweight when they were younger or were currently overweight. The interviews were conducted in order to determine whether the interview questions were developmentally appropriate and understandable by potential participants. Each pre-pilot participant was treated to a coffee or sent a \$5 gift card to a coffeehouse in their area as appreciation of their time. Data obtained from these interviews will be briefly discussed in this document, but will not be included in the final dissertation document or used for any publication purposes. Those interviewed were family members and acquaintances of the researcher. The researcher asked participants for feedback related to the interview questions. The

feedback was shared with this researcher's dissertation advisor, and necessary revisions were made to the interview schedule to prepare for a pilot study with potential participants from the ACES weight management clinic at Dell Children's Medical Center. Below is a discussion of the potential participants and procedure for recruitment for the pilot study and data collection for the study. Additionally, an outline of the pilot study and proposed study is provided.

Participants

In CQR, as in other qualitative approaches, an essential step is defining the population and recruiting an appropriate sample that has some experience with the topic of interest (Hill, 2012; Hill et al., 1997). In the case of this study, participants will include 10 Mexican American adolescent females, ages 13-17, their mother/maternal caregiver (hereafter mother), and their maternal grandmother. This implies that there will be 10 interviews per generation of interest, which complies with Hill and colleagues' (1997, 2005) recommendation of having between 8 to 15 participants to have a large enough sample for greater generalizability. All adolescent participants will be patients at ACES Clinic, an ambulatory, multidisciplinary weight management clinic housed at Dell Children's Medical Center of Central Texas. In order to become patients at the clinic, individuals must have a Body Mass Index (BMI) at or above the 95th percentile for height, weight, gender, and age, indicating they are obese.

Adolescent participants will be included in this study if they meet all of the following criteria: are of Mexican or Mexican American descent, are between the ages of 13 and 17 by the time they have their first ACES clinic appointment, and have a mother and grandmother who are available to participate in the study. It is the intention to recruit 10 adolescent-mother-grandmother triads, for a total of 30 interviews. Every effort will be made to conduct interviews with adolescent-mother-grandmother triads; however, a potential participant will not be excluded if a grandmother is not available to be interviewed. In these cases, the adolescent-mother dyads will be interviewed, and the researcher will continue recruiting adolescent-mother-grandmother triads until 10 triads are recruited.

In order to participate in the proposed study, the adolescent participants must be given clearance

by the medical team. If the medical team does not think that it is in the best interest of the adolescent to participate in the study, then they will not be approached. Participants who do not meet the abovementioned criteria will be excluded from the study. For the purposes of this study, Mexican American will refer to those individuals of Mexican national origin living in the United States, including both immigrants and those born in the United States (Dumka, Gonzales, Bonds, & Millsap, 2009).

Criterion-based sampling will be employed, as the topic of interest is exploring intergenerational messages of body image among three generations of women. The focus is on the experience of Mexican American obese females, their mothers and grandmothers, given the limited research in this area concentrating on solely this cultural group. Additionally, having Mexican and Mexican American participants is reflective of the largest subgroup of Latinos in the Southwest and the United States (Hernandez et al., 2010).

Measures

Semi-structured body image interviews. The researcher has developed an interview composed of 18 open-ended prompts in the adolescent interview, 17 open-ended prompts in the mother interview, and 13 open-ended prompts in the grandmother interview. Each interview follows a semi-structured format based on content areas noted in the literature as relevant to the influential factors of body image development among adolescent females, obese individuals, and Latina females. As noted earlier, the researcher has completed the pre-pilot process in order to ensure the interview questions are understandable and appropriate. Additionally, the researcher will conduct a pilot study interviewing adolescent-mother-grandmother triads recruited from the ACES weight management clinic. For more detail on the pilot study procedure, please refer to the Data Collection: Pilot Study section on page 69. Below is a table with the content areas addressed in the three interviews (Table 5). A copy of the semi-structured body image interview questions is included in Appendices A-C.

Table 5
Semi-Structured Body Image Interview Content Areas

Adolescent	Mother	Grandmother
<ul style="list-style-type: none"> • Cultural Influences • Media Influences • Physical Appearance and Size • Body Ideals and Influences • Communication about Appearance • Peer/School Influences • Coping 	<ul style="list-style-type: none"> • Cultural Influences • Media Influences • Physical Appearance and Size • Body Ideals and Influences • Adolescent Experience and Body Image • Communication about Appearance • Becoming a Mother 	<ul style="list-style-type: none"> • Cultural Influences • Media Influences • Body Ideals and Influences • Adolescent Experience and Body Image • Communication about Appearance • Becoming a Mother

A brief qualitative review of the pre-pilot interview data was completed and there were some noted themes present. Of note, these themes are presented to reflect how the pre-pilot participants answered the interview questions, not as a thorough analysis of their data. Among the adolescent pre-pilot participants, all four noted familial influences related to the way they perceived their body. One adolescent noted that her grandmother would tell her she needed to lose weight, but her mother would tell her that she looked great as she was. Another noted that her aunts and uncles commented on her weight during family gatherings, and while at first she would tell her mother about this, she stopped doing this in order to “not cause drama” within the family. When asked how the adolescents coped with messages they received about their physical appearance, all four mentioned that they do not talk to others about it and keep their thoughts to themselves. With regards to the mother interviews, both mothers noted that they did not talk with their mothers about how they felt about their bodies because their mothers were unavailable to them (due either to remarriage or not residing in the same household). The Spanish-speaking mother mentioned that she tells her daughter that she should be happy the way God made her, as she is beautiful the way she is. The English-speaking mother stated that she considers that she and her daughter have a similar body shape, and she does not want to lose weight because she does not want to give her daughter the message that she herself is displeased with her appearance and considers herself to

be “fat.”

With regard to feedback received from the pre-pilot participants, the majority of the adolescent pre-pilot participants noted that it was “weird” answering questions about their bodies with someone they did not know, and would have preferred to get to know some more information about how the interviewer would answer the questions to feel more at ease talking about this topic. The English-speaking mother noted that the questions were “interesting” and was surprised that her daughter spent time talking about this topic with a stranger, as she usually does not talk to others about her thoughts and feelings about her body. Additionally, this mother suggested that the media-related questions should be broader to ask not just about television use, but Internet and magazine use as well. This change is reflected in the current interview questions.

Based on the pre-pilot interviews, it is estimated that the interviews will last between 45–60 minutes. The interview process will begin with a brief explanation of the study and rapport building. The interview will then follow. The first few “warm up” questions will be about what brought the participant to seek services at ACES clinic and other background information to help the participant feel more at ease with the interview process. The interview will conclude by asking the participants how the interview process was like for them, and thanking participants for their time and honesty. When appropriate, the interviewer will use self-disclosure to share her responses to the interview questions with participants after the interview is completed. Of note, the next step in this process will be examining how a clinical population will respond to the interview questions (pilot study).

Demographic information. Information pertaining to the adolescent participant and her mother and grandmother’s age and cultural background will be gathered during the interview process. Additionally, all participants will be asked to discuss their country of origin, and age when they came to the U.S. (where applicable). This will be used as a description of their generation status in the U.S.

Body Mass Index. Body Mass Index (BMI) of the adolescent participants will be calculated based on weight, height, gender, and age, with weight measured to the nearest .1 of a kilogram and height measured to the nearest millimeter. Measurements of the adolescent participant will be taken during the

participant's initial ACES appointment. These measurements will be taken with a direct-reading stadiometer by an ACES clinic physician or nurse during these appointments. Height and weight measurements will be converted to BMI (kg/m^2). Additionally, BMI percentile will be obtained based on the BMI of the adolescent. The adolescent's mother and grandmother will be asked to provide a brief history of their weight during the interview process. The researcher will ask the mothers and grandmothers to track their weight/body shape through every decade of life. The researcher will ask about whether they felt overweight during a part of their lives or felt as though they weighed more than they wanted to at a given time. This history will be conducted to get an understanding of how these women perceived and currently view their bodies, as researchers have documented the utility in examining perceptions of body weight and size (Schwartz & Brownell, 2004). Additionally, given the fact that these individuals are not ACES patients, BMI would not be calculated as part of a medical appointment.

Procedure

Approval by Human Subjects Committee. The proposed study will be conducted in compliance with the ethical standards and standards detailed by the American Psychological Association and the University of Texas at Austin. The researcher will secure approval from the Institutional Review Board at the University of Texas at Austin prior to beginning data collection for the pilot study.

Approval by Dell Children's Medical Center of Central Texas. As of this date, the University of Texas at Austin and Seton Family of Hospitals share reciprocity with regards to the IRB process. Thus, once the University of Texas at Austin has given the proposed study IRB approval, the researcher will submit relevant documentation to Seton Family of Hospitals (parent organization of Dell Children's Medical Center), requesting and seeking their approval to conduct a research study with patients of the ACES weight management clinic.

Recruitment of Participants

Adolescent participants will be recruited from the ACES weight management clinic. Patients are referred to the ACES clinic by their primary care provider (PCP) to obtain additional help with weight management. At their initial clinic visit, four professionals evaluate a potential patient: a physical

therapist, social worker, dietitian, and physician. Each professional at the end of the appointment makes recommendations for services. Services provided within ACES include the common components demonstrated to be important in obesity intervention programs: physical activity (via the physical therapist), behavior modification (via the social worker), and nutrition (via the dietitian). Additionally, a clinic physician monitors patient health. The clinic runs two days per week, and see anywhere between 2-5 patients per day.

During their initial appointment, the social worker is the final professional to see the patients. She checks in with the family regarding their appointment and sets a “healthy living family goal.” Additionally, the social worker follows up with the patient and guardian regarding any mental health concerns. For patients who meet the aforementioned inclusion criteria, the social worker will provide the family with a flyer detailing the purpose of the proposed study and required participation requirements, including the contact information for this researcher. The mother and adolescent will be asked if they would allow ACES clinic to share their contact information (telephone number and address) with the researcher. If both the adolescent and mother agree, the social worker will obtain verbal consent from the mother and adolescent to be contacted by the researcher.

At the end of each clinic day, the social worker will email through a secure email address (using Protected Health Information (PHI) on the subject line) a list of potential participants, along with their phone numbers. The researcher will create an excel spreadsheet list of potential participants along with a log of contact attempts. This file will be saved onto a desktop computer at the Texas Child Study Center (TCSC). This file will not be available to others, as it will only show on the researcher’s desktop when she logs onto that computer.

The researcher will contact potential study participants by phone as names and contact information are being sent by the ACES social worker to the researcher via secure (PHI) email. During the initial phone conversation, the researcher will ask to speak with the grandmother about the research study and obtain verbal consent to participate in the study. Additionally, the researcher will coordinate a

time to meet with the mother, adolescent, and grandmother at the mother's home, grandmother's home (when applicable), or at TCSC to conduct the interviews, depending on the family's preference. The interviewer (researcher) will obtain written informed consent from the ACES patient's mother for her and her daughter to participate in the study, written informed consent from the adolescent's grandmother to participate in the study, and written assent from the adolescent to participate in the study. The researcher will provide a signed copy of the consent and assent forms for the participants' records. Included in the informed consent will be discussion of confidentiality and a clear indication that participation is completely voluntary and will not affect services provided through ACES or Seton Family of Hospitals (including Dell Children's). Once all members of the triad (or dyad for those participants whose grandmother is unavailable for an interview) have been interviewed, the adolescent participants will be given a \$10 Target gift card, and their mothers and grandmothers will be given a \$5 Target gift card as appreciation for their time.

Data Collection: Pilot Study

As noted earlier, potential adolescent-mother-grandmother triads will be selected from the ACES weight management clinic at Dell Children's Medical Center. It is anticipated that 2-3 pilot triads will be interviewed. While the ACES team will not be provided with the interview transcripts or voice files, they will be informed about who chose to participate in the study, as this information is necessary to disclose in order to provide the researcher access to the participant's medical records for demographic information, including BMI information. Participants will be made aware that this is the case during the consent and assent process.

This researcher will conduct all pilot interviews. While this is a limitation, as there is an increased risk for interviewer bias and interviewing style, having one interviewer can help ensure that there is some degree of consistency across the interviews, both within and between generation groups. In order to address the limitation of having one interviewer and improve her interviewing skills, the researcher will review interview transcripts with her dissertation chair after each interview triad is completed. Additionally, this researcher will review the interview transcripts with a dissertation committee member

(Dr. Emmer) after interviews with the last pilot triad are completed. Lastly, the researcher will write notes about her reflections after each interview triad is completed, and will review these with her dissertation chair and dissertation committee member (Dr. Emmer).

While Hill and colleagues (1997) note the benefits of giving interview questions to participants before the interview takes place (e.g., providing participant to think about the related experiences they have had), the proposed study will not provide a copy of the interview questions beforehand to participants. The reason for this is because providing interview questions beforehand may be challenging, as the potential participants may all be living together, which may increase the risk of participants distorting their responses in a way that might be socially acceptable, or respected by family members. Between two and three potential participant triads (adolescent-mother-grandmother) will be recruited to complete the revised interview schedule in order to determine whether the questions yield data about body image development among the three represented generations of Mexican/Mexican American women. As this is a pilot study, the researcher will ask participants for feedback about their experience with the interview, including any unclear wording of the interview questions and overall flow of the interview. The researcher will take these comments and revise the interview questions based on participant feedback. Participants will be asked to schedule and complete the semi-structured interviews within two weeks of their initial ACES appointment.

Data Collection: Proposed Study

After the interview questions have been piloted and revised, the researcher will conduct 10 sets of interviews with the participant triads (adolescent-mother-grandmother). One bilingual (Spanish/English) interviewer (this researcher) will conduct all interviews. In order to continue to address interviewer bias and interviewer style, the researcher's dissertation chair will review interview transcripts with the researcher after interviews for the first two triads are completed, then after the fifth and eighth interview triads are completed. The dissertation chair will provide feedback to this researcher on how the interviews are being conducted. Additionally, one of the dissertation committee members (Dr. Emmer) will review

the interview transcripts with this researcher midway through data collection and at the end of data collection in order to provide additional feedback to this researcher. The interviewer will also write notes of her impressions and methodological notes after interviews are completed with each triad, and will review these notes with her dissertation chair and dissertation committee member (Dr. Emmer).

Informed consent and adolescent assent will be obtained by the researcher from participants prior to the start of the interview. Each interview will be recorded on a digital audio recorder. During the interview, the researcher will provide a nonjudgmental stance on the interviewee's responses, and utilize minimal encouragers such as "MmHm", "Right", and "Yeah" throughout the interview, when appropriate. The researcher will also utilize active listening skills such as paraphrasing, to both continue rapport building between researcher and interviewee and clarifying the interviewee's responses.

The researcher will transcribe interviews in a place that will ensure confidentiality of participants. The researcher will transcribe all interviews verbatim. For all Spanish interviews, the researcher will translate the interview in order to facilitate data analysis, as some team group members will not be fluent in Spanish. After the transcription (and translation when applicable) is complete, the researcher will go back and delete proper names, including those of the interviewees, medical personnel, and other third parties, such as peers and family members, to protect the confidentiality of participants and those they mention during the interview.

Preliminary Data Analyses

Below is a description of the next step in CQR (Figure 4), the preliminary, or within-case analysis, followed by a detailed discussion of the way in which the proposed study will implement this step.

Figure 4

CQR Steps: Step 2 (adapted from Hill, 2012, p.13)

Within-Case Analysis
1. Formulate domains
2. Construct core ideas for each case
3. Auditors check domains and core ideas for each case
4. Revise domains and core ideas based on audit

Formulating domains. After all interviews are transcribed and translated (when applicable), the research team will meet to begin the development of topic areas, or domains. These domains will be used to group information highlighted in the interviews about similar topics. The domains will be formulated keeping in mind the literature and interview schedule. These domains will serve as a template to begin examining the interview data. These domains will be revised until the research team reaches a consensus that the specified domains provide the most appropriate way to section the data. During this process, combining domains that appear related will occur along with deleting domains that do not appear to be supported by the data. The team will then individually read through an interview transcript and will write down anything from a sentence to many sentences that are related to a specified domain. The team will keep in mind that an interviewee's response may address more than one domain, and determine what part of the response fits with which domain. While interviewee responses can be double-coded when they fit more than one domain, Hill and colleagues (1997) suggest that this be kept to a minimum to avoid confusion. With this in mind, the research team will attempt to seldom use double coding.

All interviewee responses will be coded into domains. If the response does not appear to fit with any domains, they will be classified as "other", and the team will examine these responses in order to

ensure that a domain has not been overlooked. The team will document data that has not been coded, and reasons behind this will be discussed.

The team will reconvene for a meeting to discuss the coding of the interviews once each team member individually has completed coding the interview data from the transcript. The team will engage in discussion around the codes they used, and decide as a whole the most appropriate coding of the data.

Once the team arrives at a consensus, the team will create a “consensus version” (Hill et al., 1997) of the interview transcript. Included in the consensus version will be the domain titles and interview excerpts related to each domain will be placed underneath each domain title. The original transcript file will remain intact, and be available for reference. As this is a dissertation, this researcher will be in charge of creating the “consensus version” of the interview transcript for all interviews in order to minimize the burden of other team members. This process will occur for the first half of interview transcripts. For the proposed study, this translates to 5 interviews for each generation group, for a total of 15 interviews. After this is completed, two team members can code each interview. As there will be four coders, each coder will be responsible for between seven to eight interviews. Once coding of the interviews has been completed by the team members, the four research team members will hold another meeting to go over coding of the remaining interviews. The meeting will provide an opportunity for team members to provide feedback on coding of interviews they did not code in order to help ensure that the codes are as appropriate as possible. After this meeting, and after all codes are finalized during this stage of the process, the “consensus version” of the interview transcripts will be presented to the auditor, who will check coding accuracy.

Core ideas construction. Once the auditor has examined and approved of the “consensus version” of the interview data, the primary team will begin summarizing the information from the interview transcripts for each domain. In order to accomplish this, each team member will review the interview transcripts for each domain from all interviews and will summarize the content into core ideas. The goal of this process is to represent the essence of what each participant said using fewer words and

more clarity, without making inferences (or very few) about the significance of the data in order to hold true to the explicit meaning of a participant's response. The research team will then meet to discuss the core ideas they created and will provide evidence for their core idea(s) from the interview excerpts. Team members will communicate concerns if it appears as though a team member's biases or expectations have influenced their decision about the core idea they created. The team will discuss and come to a consensus on how best to address this, including continued reflection writing in a journal. The investigator will input the consensus version of the core ideas for each domain into the consensus version of the interview transcripts, under a section entitled "Abstract" (Hill et al., 1997).

After the meeting, the investigator will email the auditor the updated consensus files. The auditor will then review the data under each domain and core idea, ensuring that information is reflected in the appropriate domain, all of the material in the domain has been summarized into a core idea, and that the core ideas are an accurate reflection of the domain from which it was abstracted. During this phase, the auditor will also make suggestions about the name of the domains and if some domains could be combined into one or divided up to more accurately represent the interview data. Much like the process described in the domain development section, the auditor's corrections and comments will be brought back to the team for discussion and the team will come to a consensus with regards to the auditor's comments. The team's responses to the auditor's comments will be given back to the auditor for review. If there continues to be disagreements with the way in which the team decides to manage an auditor's comments, the auditor and team will meet to discuss these in order to arrive at a more balanced perspective. After all of the transcripts have been analyzed, the team will go back through each case to make sure that the team has been consistent with the decision rules exercised during the preliminary data analysis in order to ensure that there is consistency in the decision making across interview cases.

Data Analysis

The following details the manner in which the proposed study will implement the last step of CQR data analysis. Figure 5 outlines the step components below:

Figure 5

CQR Steps: Step 3 (adapted from Hill, 2012, p.13)

Cross-Analysis
1. Develop categories within domains across all cases
2. Auditors check cross-analysis
3. Review cross analysis and revise based on auditor's comments
4. Review Stability of Findings

Cross analysis: Category development within domains across all cases. After the preliminary data analyses, the research team will shift from reviewing one transcript at a time to examining how core ideas can be grouped into categories across interviews. The team will examine transcripts within each generation group (i.e., adolescent, mother, grandmother), beginning with the adolescent group and finishing with the grandmother generation group. To begin this next step, the team members will independently review the core ideas within domains across interviews within each generation group. The team will then meet to discuss the categories they each came up with and determine the categories the team will use and which core ideas match up with each category, discovering commonalities within cases. During this process, the team will examine core ideas that need clarification and go back to the original interview transcript to better define the core idea so it more accurately represents the interviewee's response.

Once this is completed, the team will begin to examine both similarities and discrepancies across cases within each generation group. Below is a table with terms the team will use to examine these commonalities and differences (as noted in Hill et al., 1997; Hill, 2012):

Table 6
Category Terms

General	A category noted in all cases
Typical	A category noted in at least half (or more) cases
Variant	A category noted in less than half of the cases

A category will be dropped when only one or two cases can be applied to it. The research team will discuss whether the core ideas represented in the dropped category can be represented in other categories by expanding on the definition used for the agreed upon categories in an effort to not lose that data (Hill et al., 1997). The auditor will then examine the categories and core ideas within each category to ensure that cross analysis was completed accurately by the team. Similar to the duties performed during the formulation of core ideas, the auditor will make suggestions about whether categories should be divided or collapsed together in order to more accurately capture the data. The team will review the auditor's comments and suggestions, and collectively decide whether to follow the auditor's suggestions, and communicate this to the auditor.

Once a consensus is reached with regards to the formulated categories, the team will begin organizing the categories by examining whether certain categories under one domain are associated with certain categories in the other domains. In order to document these associations, the team will diagram (chart) the relationship between categories. As recommended by Hill and colleagues (1997, 2005, 2012), associations between categories classified as either general or typical will be explored, as this will imply that results will be applicable to more than half of the cases. As Hill et al. (1997) suggest, at least three out of ten cases will be the criterion used to declare a relationship exists between categories.

Stability of findings. The team will then determine whether the findings have reached stability, or in other words, have reached a point where the results explain the experience of body image development and intergenerational messages passed down from mother to daughter for each generational group. As suggested by Hill et al. (1997), preliminary analyses will performed on the first 8 interviews

from each generation group. The other cases will then be reviewed to determine if any new domains, categories, or associations among the categories arise. If none emerge, then the results will be considered stable. If they do arise, then the researcher will recruit additional participants one triad at a time, with the transcripts undergoing the aforementioned preliminary analyses and data analyses until a point of stability is reached. The team and auditor will know that stability has been achieved when the addition of a new case in each of the generation groups does not add significantly to the understanding of body image development and intergenerational messages within each of the generation groups.

Summary

In summary, this chapter described the consensual qualitative research (CQR) method and data collection procedure that will be used to explore the body image formulation process of Mexican and Mexican American obese adolescent females, and intergenerational messages about body image among these adolescents, their mothers, and grandmothers. The CQR method, including preliminary data analyses, role of the auditor, and data analysis was reviewed in detail.

Appendix H: Study Flyers (English and Spanish versions)



The purpose of this research study is to better understand the body image experience of Mexican and Mexican American adolescent girls receiving treatment at a weight management clinic, along with the body image experience of their mothers (or maternal guardian) and grandmothers.

Research participation is always voluntary!

Would the study be a good fit for me?

This study might be a good fit for you if:

- You speak Spanish and/or English
- Are of Mexican descent
- Are an adolescent girl between the ages of 13-17 years receiving treatment at a weight management clinic
- Your mom (or maternal guardian) and grandmother are able to participate in the study

What would happen if I took part in the study?

If you, your mom (or maternal guardian) and grandmother decide to take part in this research study:

- You would each participate in one in-person audio-recorded 40-minute interview
- Have your identity kept confidential
- Receive a \$10 Visa gift card (for adolescents) or \$5 (for adults) to thank you for your time
- Your participation (or if you decide to no longer participate) will not affect the services you receive at ACES Weight Management Clinic or Dell Children's Medical Center of Central Texas.

To take part in this research study or for more information, please contact Yesenia Marroquin at either ymarroquin207@gmail.com or at 646-267-9124

The principal researcher for this study is Yesenia Marroquin, doctoral candidate at the University of Texas at Austin. IRB Approval # Study Number: 2013-03-0110



Se Necesitan Voluntarios Para una Investigación

Titulo: Influencias entre generaciones acerca de la imagen corporal entre Muchachas Mexicana Americanas con Obesidad

El propósito de esta investigación es de tener un mejor conocimiento de la experiencia acerca de la imagen corporal de muchachas Mexicanas y Mexicana Americanas recibiendo tratamiento en una clínica de manejo de peso, y la experiencia de la imagen corporal de sus mamás (o guardianes maternos) y abuelas.

¡Participación en investigaciones siempre es voluntario!

Sería una buena opción para mí esta investigación?

Esta investigación puede ser una buena opción para ti si:

- Hablas Español y/o Inglés
- Eres de descendencia Mexicana
- Eres una muchacha entre 13 y 17 años recibiendo tratamiento en una clínica para el manejo de peso.
- Tu mamá (o guardián materno) y abuela pueden participar en el estudio

Que pasaría si tomo parte en la investigación?

Si tú, tu mamá (o guardián materno) y abuela decide formar parte de esta investigación:

- Cada una de ustedes participará en una entrevista de 40 minutos en persona que será
- Sus identidades se mantendrán confidenciales
- Recibirán una tarjeta de regalo Visa de \$10 (para los adolescentes) o \$5 (para los adultos) como agradecimiento de su tiempo
- Su participación (si deciden que no quieren continuar participando) no afectará los servicios que recibe en la clínica de manejo de peso ACES o el Centro Médico Dell de niños en Texas Central (Dell Children's Medical Center of Central Texas).

Para formar parte en esta investigación o para más información, favor de contactar a Yesenia Marroquin a ymarroquin207@gmail.com o al 646-267-9124

La investigadora principal de esta investigación es Yesenia Marroquin, estudiante de doctorado en la Universidad de Texas en Austin.

Numero de aprobación IRB: 2013-03-0110

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